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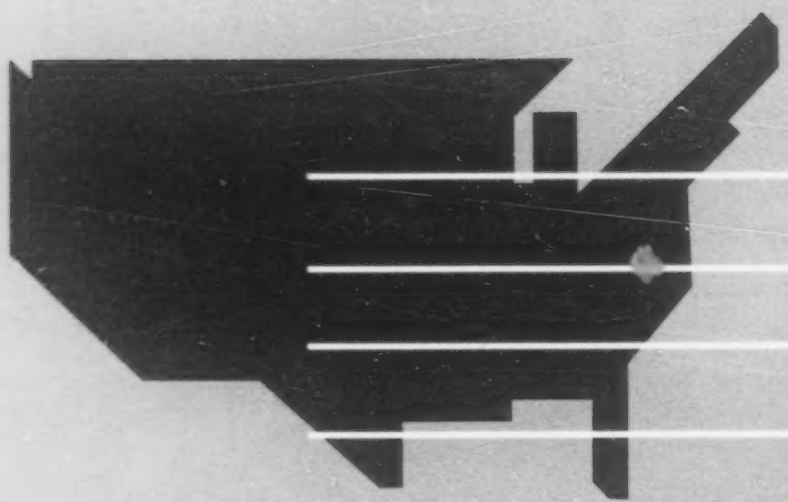
Socioeconomic Characteristics of Medical Practice 1994



Center for Health Policy Research

Contains results from the Socioeconomic Monitoring System 1993 Spring Survey

American Medical Association
Physicians dedicated to the health of America

Socioeconomic Characteristics of Medical Practice 1994

Edited by
Martin L. Gonzalez

Center for Health Policy Research

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Dedication

Roger A. Reynolds, PhD
Principal Economist
1951-1993

A publication such as *Socioeconomic Characteristics of Medical Practice* requires the skill and effort of many people. However, no individual contributed more to the development and production of this volume than Roger A. Reynolds, PhD. Roger, who also developed and edited *Physician Marketplace Statistics*, used his knowledge of statistics, data analysis, and the physician services market to organize the many and varied statistics that are derived from the AMA's Socioeconomic Monitoring System. The result: a publication that is comprehensive, informative and easily read and understood by nonstatisticians.

Roger earned his PhD in economics from The University of Chicago. He published work relating to his dissertation in *International Economic Review*, a prestigious economics journal. He served in many capacities during his thirteen year career at the American Medical Association's Center for Health Policy Research. As the Center's Principal Economist, he lent his expertise, creativity, and energy to many research efforts. His most notable accomplishments include estimating the cost of physician professional liability, which resulted in a publication in the *Journal of the American Medical Association*, and estimating the impact of Medicare's resource based relative value scale on physicians' practices.

Roger approached his work with much skill and dedication. He will be missed; he cannot be replaced.

Foreword

Changes in the health care environment have occurred rapidly in recent years. The Clinton administration and Congress are addressing health system reform in 1994. Health care delivery system change of a dramatic nature is possible with reform. Federal regulations, such as those affecting in-office laboratories, the prevalence of managed care arrangements and clinical and economic physician profiling are examples of government and private sector initiatives that have major impact on the practice of medicine.

In 1992 the Federal government implemented the Medicare Fee Schedule. Trend data, prior to 1992, presented in this edition of *Socioeconomic Characteristics of Medical Practice* will serve as baseline measures of physician practice characteristics prior to the implementation of the Medicare Fee Schedule. Physician income data for 1992 and 1993 data on hours worked, visits, and fees provide an indicator of the initial impact of the fee schedule on physicians' practices.

Four new articles are included in this edition. The articles present analysis on the following topics:

- physician advertising;
- clinical and economic profiling;
- physician services market trends; and
- managed care participation.

These articles present detailed analysis of important factors that are affecting physicians and their practices. Updates of articles, published in past editions, highlighting medical professional liability and physician income trends, are also included. The income article attempts to relate changes in the Medicare Fee Schedule to changes in the distribution of physician income.

The articles are followed by detailed tabulations of statistics on a broad range of physicians' practice characteristics, including income, expenses, fees, and a number of specific practice activities. In addition, trend information is provided so that the reader can examine how these characteristics have changed over time.

The introduction will assist readers in interpreting the book's information. It provides definitions for the statistical terms used and gives examples of how best to utilize the information presented in the tables. Users are encouraged to avail themselves of the information in the introduction and the appendices when interpreting the reported findings.

A program of the magnitude of the Socioeconomic Monitoring System (SMS) requires major commitment and substantial effort from many individuals. I would like to express my gratitude to all who have contributed to SMS and this edition of *Socioeconomic Characteristics of Medical Practice*. Special thanks are due James W. Moser, Ph.D., director of the Office of Socioeconomic Research Information, who had major responsibility for oversight of this publication.

Finally, this volume is dedicated to the memory of Roger A. Reynolds, PhD, who served as Principal Economist in the Center for Health Policy Research. Dr. Reynolds was responsible for the development of *Socioeconomic Characteristics of Medical Practice* and its companion publication, *Physician Marketplace Statistics*. His contributions resulted in publications of the highest level of quality.

James F. Rodgers, Ph.D
Director
Center for Health Policy Research

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Introduction: How to Use Socioeconomic Characteristics of Medical Practice

Socioeconomic Characteristics of Medical Practice is an annual volume with studies and statistics based on information collected by the AMA Socioeconomic Monitoring System (SMS). This volume maintains the tradition of the AMA, established in the past by the series *Profile of Medical Practice*, as a primary source of baseline data on socioeconomic aspects of medicine.

This volume is primarily devoted to providing detailed information on medical practice characteristics in 1992 and 1993 based on data collected with the 1993 SMS core survey. However, selected trends are shown for characteristics for which similar data were collected in the past on earlier SMS surveys.

The information in this volume is intended for use by a variety of individuals who come into contact with medical practice issues from different perspectives. Physicians might use this information in assessing the likely impact of such practice changes as relocating or joining a group practice on their earnings, patient volume, and practice costs. Medical practice consultants may use this information to improve their ability to assess a client's performance and suggest areas for improvement. Hospital administrators may find the volume useful in determining appropriate compensation levels and hours for their medical staff.

Definition of Statistics

A statistic is simply a summary measure based on survey results to describe an attribute of the distribution of a characteristic across a population; in this instance a population of physicians. This volume provides a mean and standard error for each characteristic presented in the tables. Median net income and expense figures are also presented, as are figures for net income at the 25th and 75th percentiles.

Although the mean and median are more commonly employed statistics, the information on the 25th and 75th percentiles of each characteristic is included to emphasize how characteristics vary across groups within the physician population. In some instances, the information on the 25th and 75th percentiles might be more typical of the experience of subgroups of physicians than either the mean or median.

It must be kept in mind that the statistics presented are only estimates of population characteristics derived from surveying a sample of physicians. This may cause characteristics of the full physician population to differ from information obtained from SMS survey results. For this reason, the results include measures that should be considered carefully in judging what degree of confidence to attribute to any inferences drawn from the SMS results.

This is especially true of the within-specialty breakdowns by census division (e.g., net income for surgeons in the New England Census Division), which appear in tables that present current year information only. These figures are often calculated with a small number of observations, although figures calculated with less than 20 observations are not printed. Small sample sizes often cause the figures to fluctuate from year to year—more from sampling error than from actual changes in the characteristic. Hence, the user should be cautious when extrapolating trends from this information. The standard error of the mean, which is defined below, should be used to determine if year-to-year changes in these figures are statistically significant. The statistics presented for each characteristic and a brief discussion of how each may be used follows.

Mean (or Average)

The sample mean is an estimate of the average value of a characteristic for a given population. The mean is often referred to as a measure of "central tendency" for a characteristic because it tends to be located in the middle of the distribution of all possible values for the characteristic. However, it may neither be the most common nor a very typical value. For example, for many physician characteristics, a large share of physicians are concentrated in a range of lower possible values for the characteristic while a small share of physicians have extremely high values. An example of this type of characteristic is physician net income after expenses before taxes. For such characteristics, the mean will exceed the most common value and the values representative of the experience of typical physicians. In these instances, the median (as discussed below) may be a more appropriate measure to use for making some types of inferences.

If information were available on a characteristic from the entire population of physicians in a group, the mean would be computed as the sum of the values of the characteristic across the group divided by the number in that group. This approach would also be followed using sample information to obtain an estimate of the mean if the sample were perfectly representative of the entire group. However, an examination of SMS survey results indicates that, although the initial samples are representative of the underlying physician population, some physician groups are underrepresented and others overrepresented among those physicians who complete the survey. To alleviate the biases that would arise from this result, the estimates of the mean reported in this volume are weighted averages of survey responses. The weights give greater importance to information reported by groups of physicians who are underrepresented in the final survey sample in the calculation of the mean. The "weighted" mean provides a more accurate reflection of the population mean. A further discussion of the weighting procedure and computation methods appears in Appendix B.

Standard Error of the Mean

The standard error is used in assessing the reliability of the estimate of the mean based on sample information in drawing conclusions about the mean of a characteristic for the underlying population. Larger standard errors indicate that the sample mean is subject to greater possible error as a representation of the mean for the entire population.

Two factors directly affect the standard error. First, the standard error diminishes as the number of respondents increases. Second, the standard error will tend to be greater for characteristics with greater dispersion in the values in the population. This is because greater dispersion increases the chance that a single unusual value will be reflected in the sample information (sometimes called an "outlier"), which will have inordinate influence in the calculation of the mean. However, as the overall sample increases, the influence of any single response will diminish, so that outlier problems that may introduce error into the estimates of the means will diminish.

A common use of standard error estimates is in the construction of confidence intervals. Confidence intervals are used for making statements about the probability with which the mean for the population of a physician group falls within certain bounds. For a 95% confidence interval, the bounds are given by the mean estimate plus 1.96 times the standard error and the mean estimate minus 1.96 times the standard error. The mean for the population will fall within these bounds with a probability of 95%. For a 90% confidence interval, the bounds are given by the mean estimate plus and minus 1.64 times the standard error.

For example, the sample mean number of office visits per week per physician in 1993 was 76.1 and the standard error was approximately 1.0. This indicates that there was a 90% probability that the population mean was between 74.5 and 77.7 and a 95% probability that the population mean was between 74.1 and 78.1.

25th Percentile

The 25th percentile is the value of the characteristic larger than that experienced by 25% of a specified group and exceeded by the remaining three-fourths of that group.

Median (or 50th Percentile)

The 50th percentile is the value of the characteristic larger than that experienced by half of a group, but smaller or equal to that experienced by the other half. This is a measure of central tendency often

used as an alternative to the mean because it provides a better representation of the typical experience of individuals in the population group. It is also less subject to the influence of outliers than the mean.

75th Percentile

This is the value of the characteristic larger than that occurring for 75% of the physician group, but equal to or exceeding that for the other 25%.

A series of appendices relating to the methodology of the SMS surveys, the SMS questionnaire, and definitions of variables reported in the tables are included at the end of the book. These appendices are designed to answer most questions about how information included in this volume is generated. We urge readers to avail themselves of this information in considering the results published elsewhere in the volume.

Studies on the Socioeconomic Environment of Medicine

Physician Advertising: Patterns and Expenditures
by Karen S. Kmetik and David W. Emmons

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Physician Advertising: Patterns and Expenditures

by Karen S. Kmetik and David W. Emmons

President Clinton's blueprint for managed competition proposes that insurers, physicians, and hospitals team up as integrated health plans that must compete with each other for customers. A common form of competition involves advertising, through which sellers attempt to distinguish their products or services from those of their competitors. Many health care providers and insurers—already feeling the pressures of competition within their respective markets—have entered the advertising arena. Physicians have been participating in increasing numbers in recent years. This trend may continue regardless of whether managed competition makes inroads, as the supply of physicians is expected to increase through the year 2000 (Kletke et al. 1987). This report compares 1987 and 1991 physician advertising patterns. Both the percentage of physicians who advertise and the amounts spent on advertising are examined.

Survey Data

Data on physician advertising from the 1988 and 1992 American Medical Association (AMA) Socioeconomic Monitoring System (SMS) surveys are presented. Physicians responding to the 1988 survey were asked to provide the amount that they or their practice spent on advertising in 1987. Physicians responding to the 1992 survey were asked to report 1991 advertising expenditures. Approximately 4,000 nonfederal, patient care physicians, excluding residents, responded to each of the SMS surveys. All data presented were weighted to adjust for survey nonresponse. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail. Specifically, the data are based on the responses from all self-employed physicians. Self-employed physicians comprised about 72% of the sample in 1988 and 67% in 1992.

Previous studies of physician advertising using SMS data have excluded pathologists, anesthesiologists, radiologists, and other specialists (see for example Rizzo 1988). These physicians often rely heavily on referrals from other physicians and are generally thought not to advertise. Because these specialties may now be facing different practice environments, however, they are included in this analysis.

Both surveys specifically asked physicians for the amount spent by their practice for advertising in newspapers, magazines, radio, and television during the preceding year. In the 1988 survey, however, the expenditure question was preceded by a screening question, asking whether or not the physician or practice advertised in 1987. The 1988 survey also collected separate 1987 expenditure figures for audio-visual and print media. These differences may have introduced biases into comparisons between the two surveys. In particular, some increase in the percent of physicians reporting advertising expenses between 1988 and 1992 is expected given the absence of the screening ques-

The Authors are, respectively, Research Associate and Director of Public Policy Studies in the American Medical Association Center for Health Policy Research.

Table 1. **Self-Employed Physicians with Practice Advertising Expenses for 1987 Compared with 1991, by Specialty**

	1987[d,e]		1991[e]	
	Sample Size[f]	Percent Spending $1 or More	Sample Size[f]	Percent Spending $1 or More
All physicians[a]	2,836	10.0	2,315	32.3
Physician Type[a]				
Primary care[b]	1,074	12.3	873	32.8
Nonprimary care	1,762	8.5	1,442	32.0
Specialty[c]				
General/family practice	483	14.9	320	40.1
Internal medicine	419	9.1	394	29.6
Internal medicine subspecialties	216	12.9	147	34.1
General surgery	209	4.5	167	28.7
Surgical subspecialties	478	9.4	423	41.3
Pediatrics	172	13.2	158	26.1
Obstetrics/gynecology	235	11.9	168	41.4
Radiology	123	8.8	102	26.9
Psychiatry	179	4.4	149	19.9
Anesthesiology	121	1.5	115	10.6
Pathology	38	1.8	38	10.6
Emergency medicine	42	10.5	35	21.9
Other	121	12.1	97	39.0

Source: See text of article.
[a]Differences in proportions between years are significant at p=.001.
[b]Primary care includes general/family practice, internal medicine, and pediatrics.
[c]Differences in proportions between years for all specialties except pathology and emergency medicine are significant at p=.01.
[d]Differences in proportions by physician type are significant at p=.001.
[e]Differences in proportions by specialty are significant at p=.001.
[f]Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding.

tion in 1992. However, it is unlikely that the bias alone can explain the increases of the magnitude reported below. In addition, the total expenditures reported for 1987 are expected to be higher given the distinction made between audio-visual and print media expenses. Therefore, although the mean expenditures in the two years were not significantly different, an increase in mean expenditures may have in fact occurred. The tables that follow reflect the amount spent on advertising per physician, which equals the total amount reported divided by the number of owners in the practice.

It also is important to note that the surveys did not ask for descriptions of the content of the advertising. Therefore it is unclear, for example, whether physicians advertised to increase their client bases or to attract buyers for their practices. Anecdotal reports of physician practice buy-outs recently have appeared in the popular press (see for example, *Hartford Courant*; *American Medical News* 1993).

Physicians Who Advertise, By Specialty

As shown in Table 1, although in both years most physicians did not advertise, the percentage who spent $1 or more significantly increased from 10% in 1987 to 32% in 1991. Table 1 also shows which physicians were more likely to have advertised by specialty. A significantly greater proportion of physicians in primary care versus nonprimary care advertised in 1987, although the difference in proportions between the two groups was not significant in 1991.

In 1991, a greater percentage of physicians in obstetrics/gynecology (41.4%), surgical subspecialties (41.3%), and general/family practice (40.1%) spent money on advertising than those in other reported specialties. Among the specialties previously thought not to advertise, (i.e., radiologists, psychiatrists, anesthesiologists, and pathologists) the proportions of physicians advertising were all above

Table 2. **Self-Employed Physicians with Practice Advertising Expenses for 1987 Compared with 1991, by Selected Characteristics**

	1987[b]		1991[c]	
	Sample Size[d]	Percent Spending $1 or More	Sample Size[d]	Percent Spending $1 or More
All physicians[a]	2,836	10.0	2,315	32.3
Managed Care Participation[a]				
PPO contract	1,389	11.8	1,448	33.0
No PPO contract	1,420	8.3	847	31.5
IPA contract	681	10.3	524	33.3
No IPA contract	2,122	9.9	1,740	32.2
HMO contract	983	13.3	977	35.5
No HMO contract	1,823	8.3	1,305	30.3
Board Certification[a]				
Certified	1,993	10.0	1,784	32.1
Not certified	843	10.0	530	32.9
Census Division[a]				
New England	165	8.0	135	23.0
Middle Atlantic	484	8.5	373	31.7
East North Central	453	9.5	340	34.5
West North Central	179	19.9	133	41.3
South Atlantic	564	9.4	446	35.6
East South Central	157	8.5	140	26.2
West South Central	274	9.5	230	35.5
Mountain	150	12.8	118	28.6
Pacific	410	9.4	400	28.9

Source: See text of article.
a. Differences in proportions between years are significant at p=.001.
b. Differences by HMO contract are significant at p=.001. Differences by PPO contract and census division are significant at p=.05.
c. Differences by HMO contract are significant at p<.01. Differences by census division are significant at p=.05.
d. Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding.

10% in 1991. Furthermore, the proportions for anesthesiology, radiology, and other specialties increased significantly from 1987 to 1991. For example, 8.8% of radiologists reported advertising expenses in 1987 compared with 26.9% in 1991.

Although these patterns by specialty are suggestive, they are not necessarily indicative of causal relationships since advertisers and nonadvertisers may differ in other ways. Rizzo attempted to control for other factors by conducting a multivariate analysis using data from the 1987 SMS survey. He found that, controlling for other factors, plastic surgeons and general/family practitioners were more likely to advertise than physicians in other specialties (Rizzo 1988).

One reason for the variation by specialty may be different referral rates: the more referrals, the less need to advertise for new patients. Responses to the 1987 and 1988 SMS surveys revealed that general/family practitioners received fewer than 2.2% of all office visits and less than 13% of new patient office visits from referrals, whereas specialists in internal medicine received 14% and 72% of patients from referrals respectively (Gonzalez et al. 1991). Depending on the composition of integrated health plans, referrals may become an irrelevant point. That is, if integrated health plans encompass all specialties and function similar to a staff model Health Maintenance Organization (HMO), advertising most likely will differ by plan characteristics rather than physician characteristics.

Physicians Who Advertise, By Selected Characteristics

Tables 2 and 3 report the percentage of physicians

Table 3. **Self-Employed Physicians with Practice Advertising Expenses for 1987 Compared with 1991, by Selected Characteristics**

	1987[b]		1991[b]	
	Sample Size[c]	Percent Spending $1 or More	Sample Size[c]	Percent Spending $1 or More
All physicians[a]	2,836	10.0	2,315	32.3
Location[a]				
Nonmetropolitan	529	12.1	370	36.6
Metropolitan				
Less than 1,000,000	1,025	9.8	895	32.4
1,000,000 and over	1,281	9.2	1,049	30.7
Place of Graduation[a]				
U.S. or Canada	2,203	9.4	1,816	31.7
Foreign	633	11.8	499	34.6
Number of Physicians in the Practice[a]				
1	1,553	8.7	1164	28.1
2-5	893	9.5	786	37.8
6-10	193	13.6	206	31.2
11 or more	193	19.2	154	39.0
Gender[a]				
Male	2,628	9.8	2,116	32.0
Female	208	12.4	198	35.0
Years of Experience[a]				
1-10	977	13.6	745	40.3
11-20	839	9.4	812	31.9
21-30	552	7.5	435	24.0
31-40	283	4.4	207	21.8
41 or more	75	1.1	45	17.7

Source: See text of article.
a. Differences in proportions between years are significant at p=.001.
b. Differences by practice size and years of experience are significant at p=.001.
c. Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding.

who advertised by selected physician and practice characteristics. Differences in proportions within a given year by board certification, location, place of graduation, and sex are not statistically significant; however, the increases in proportions between years are significant.

In both 1987 and 1991, physicians with an HMO contract were significantly more likely to advertise than those without a contract. Because the survey did not ask specific questions about the content of the advertising or its intended audience, it is unclear whether the reported expenses referred to advertising for an HMO or another aspect of the physician's practice. HMOs often target advertising to large purchasers of health care. Similarly, within a managed competition environment, integrated health plans would likely target employers and purchasing cooperatives. Borrowing terminology recently espoused by Dranove and White, the demand for physician services under managed competition primarily will be payor-driven versus patient-driven (Dranove and White 1993).

Table 3 also shows that a greater percentage of physicians in large practices (11 or more physicians) versus solo or small practices reported advertising expenses. Rizzo likewise found that physicians in large groups, where advertising costs can be shared, were more likely to advertise than those in solo practice (Rizzo 1988). Furthermore, the percentage of physicians who spent money on advertising decreased with increased years of experience. Rizzo's analysis similarly supports an inverse rela-

Table 4. **Mean Advertising Expenditures for Self-Employed Physicians in Practices that Spent $1 or More on Advertising, 1987 Compared with 1991, by Specialty**

	1987[b,c]		1991[c]	
	Sample Size[d]	Mean	Sample Size[d]	Mean
All physicians	284	2,201.97	733	2,591.97
Specialty				
General/family practice	75	1,210.43	123	1,440.26
Internal medicine	32	858.66	102	1,392.84
Internal medicine subspecialties	24	1,842.50	47	6,236.79
General surgery	9	.	45	1,488.02
Surgical subspecialties[a]	47	2,231.25	173	4,489.92
Pediatrics	24	932.14	50	745.03
Obstetrics/gynecology	30	2,300.40	68	2,611.63
Radiology	15	.	29	1,458.96
Psychiatry	9	.	31	1,136.23
Anesthesiology	2	.	12	.
Pathology	1	.	6	.
Emergency medicine	4	.	6	.
Other	12	.	41	2,211.45

Source: See text of article.
a. Differences in means between years are significant at p=.05.
b. In 1991 dollars.
c. Differences in means by specialty are significant at p=.001.
d. Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding. Means based on fewer than 20 observations are not reported.

tionship between years of experience and propensity to advertise. Physicians with more experience may have less need to advertise because they participate in strong referral networks and have sufficient patient bases.

Another possible explanation is that some older physicians maintain the school of thought that advertising for medical care is inappropriate. The Federal Trade Commission (FTC) seeks to promote physician advertising to increase competition. The FTC concluded negotiations with the AMA in 1988 resulting in modifications to the AMA's policy on physician advertising. Although the primary focus of the policy remains the same—to discourage deceptive claims rather than restrict advertising—its publication may have influenced some physicians' decisions to advertise (*American Medical News* 1988).

Advertising Expenditures

Mean advertising expenses for 1987 and 1991 appear in Tables 4-6. The 1987 figures were converted to 1991 dollars using the Consumer Price Index (CPI) for all items. The CPI is produced and published by the Bureau of Labor Statistics. The mean amount spent on advertising by all self-employed physicians is not significantly different between 1987 ($2202) and 1991 ($2592) when reported in 1991 dollars. It should be noted, however, that if in fact advertising expenditures did increase from 1987 to 1991, the aggregation differences between the two surveys biases the data toward yielding a finding of no significance. Differences in means within a given year and by specialty, HMO contract, practice size, and location are significant.

The variation in means by specialty suggests that no typical advertising expense exists among specialties. Internal medicine subspecialists and surgical subspecialists had the highest expenditures, on average. Although differences by managed care participation are not all significant, physicians without a Preferred Provider Organization (PPO), Individual Practice Arrangement (IPA), or HMO contract spent more on advertising, on average, than those with a particular contract. A possible explanation for this finding is that physicians without contracts must be more aggressive, and per-

Table 5. **Mean Advertising Expenditures for Self-Employed Physicians in Practices that Spent $1 or More on Advertising, 1987 Compared with 1991, by Selected Characteristics**

	1987[b,c]		1991	
	Sample Size[d]	Mean	Sample Size[d]	Mean
All physicians	284	2,201.97	733	2,591.97
Managed Care Participation				
PPO contract[a]	163	1,476.69	472	2,873.34
No PPO contract	120	3,226.75	258	2,111.39
IPA contract	71	1,546.50	175	1,966.77
No IPA contract	211	2,437.35	546	2,787.69
HMO contract[a]	132	1,214.47	345	2,212.58
No HMO contract	151	3,071.98	389	2,909.77
Board Certification				
Certified	203	2,535.75	572	2,729.28
Not certified	81	1,419.01	161	2,141.09
Census Division				
New England	13	.	31	1,285.24
Middle Atlantic	39	2,378.33	115	2,517.40
East North Central	43	801.53	117	2,083.21
West North Central	39	1,357.39	55	1,016.48
South Atlantic	52	2,672.22	148	2,316.10
East South Central	13	.	40	1,862.64
West South Central[a]	28	905.02	81	3,443.75
Mountain	19	.	33	1,951.30
Pacific	38	2,525.74	113	4,479.86

Source: See text of article.
a. Differences in means between years are significant at p=.05.
b. In 1991 dollars.
c. Differences in means by HMO contract are significant at p=.05.
d. Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding. Means based on fewer than 20 observations are not reported.

haps spend more advertising dollars, to attract and keep sufficient patient bases. Physicians in solo practice were less likely to advertise than those in groups. However, solo practitioners who did advertise spent more than twice as much as their counterparts in larger practices.

Types and Consequences of Advertising

Although the descriptive statistics presented here provide insight into the likelihood and dollar amount of physician advertising, they do not shed light on the content of physician advertising nor the relationship between advertising and competition. That is, does physician advertising influence entry, prices, quantity, or quality of services? Research into these areas has just begun to examine these areas. Rizzo and Zeckhauser used responses from the 1987 SMS survey, which did not include actual expenditures, to examine the impact of physician advertising on entry into the market (Rizzo and Zeckhauser 1990). Their presumption was that if advertising raises the earnings of less established physicians compared with more established physicians, then advertising may promote entry. That is, advertising may be a substitute for experience. The authors found, however, that earnings rose more steeply with years of experience. Hence, they concluded that advertising is complementary to practice experience and in fact inhibits entry. It may be argued, however, that earnings is not a true barometer of entry. In a separate study, these authors examined the impact of advertising on the price, quantity, and quality of primary care physician services (Rizzo and Zeckhauser 1991). They concluded that advertising leads to higher price and quality but lower total visits. Their definition of

Table 6. **Mean Advertising Expenditures for Self-Employed Physicians in Practices that Spent $1 or More on Advertising, 1987 Compared with 1991, by Selected Characteristics**

	1987[b,c]		1991[c,d]	
	Sample Size[e]	Mean	Sample Size[e]	Mean
All physicians	284	2,201.97	733	2,591.97
Location				
Nonmetropolitan	68	779.51	131	1,252.77
Metropolitan				
Less than 1,000,000	99	1,437.40	284	2,113.81
1,000,000 and over	117	3,620.02	318	3,585.12
Place of Graduation				
U.S. or Canada	212	2,531.67	575	2,405.25
Foreign	72	1,286.65	158	3,215.73
Practice Size				
Solo	132	3,099.18	318	3,750.76
2-5	86	1,836.03	292	1,958.73
6-10	28	710.74	64	1,087.55
11 or more	38	837.95	59	1,030.01
Gender				
Female	27	1,001.99	69	1,977.04
Male	257	2,322.02	664	2,655.01
Years of Experience				
1-10	136	2,076.15	287	2,522.03
11-20	76	3,572.23	248	2,576.32
21-30[a]	42	992.20	107	3,071.85
31-40	13	.	51	2,541.90
41 or more	10	.	10	

Source: See text of article.
a. Differences in means between years are significant at p=.05.
b. In 1991 dollars.
c. Differences in means by location are significant at p=.05.
d. Differences in means by practice size are significant at p=.001.
e. Total sample sizes may vary for individual categories due to missing values in some of the response items or rounding. Means based on fewer than 20 observations are not reported.

quality, however, was limited to time spent per patient.

Summary

Physician advertising patterns reported in 1987 and 1991 were compared in this analysis. Key findings included:

- The percentage of physicians who spent $1 or more significantly increased from 10% in 1987 to 32% in 1991.
- The percentage of physicians who spent money on advertising decreased with increased years of experience.
- Among the specialties presented, internal medicine subspecialists and surgical subspecialists had the highest mean expenditures for advertising.
- A greater percentage of physicians in large practices versus solo or small practices reported advertising expenses.
- Among the specialties thought previously not to advertise: radiology, psychiatry, anesthesiology and pathology, the proportions of physicians advertising were all above 10%.

Additional research is needed to determine the affect of advertising on physician supply, prices and quality of services provided.

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Profiles and Feedback: Who Measures Physician Performance?

by David W. Emmons and Gregory D. Wozniak

Rising health care costs have prompted employers, third party payers, and other purchasers of health care services to seek ways of measuring the quality, utilization, and cost of medical services. Hospitals and large group practices too have become interested in quantifying the quality and financial impact of the services that they deliver, as a means of improving their competitiveness. These trends, coupled with new information technologies, have prompted the development of (profiling) techniques with which to assess physicians' practice patterns.

The two principal forms of physician profiling are clinical and economic. Clinical profiling focuses on physicians' pattern or style of practice with respect to treatments, utilization of services, and processes or outcomes of care. Economic profiling (also known as economic credentialling) focuses on the financial dimensions of a physician's style of practice.[1]

Data collection alone, however, cannot provide guidance in the process of care. Feedback on practice variations is essential to improving clinical performance and ensuring that patient outcomes are not compromised. Because the two applications blur in practice, it should be readily apparent that feedback is also important for improving financial performance.[2]

This paper examines recent data on the extent of physician profiling, the extent to which physicians receive profile feedback, and the nature of the entities doing the profiling. The data are drawn from the American Medical Association's 1993 Socioeconomic Monitoring System (SMS) survey. The survey collected information on whether or not activities in physicians' main medical practices were subject to either clinical or financial-economic profiling. On the survey instrument, a question probe[3] defined clinical profiling as:

> The collection and use of clinical, performance-based measures such as patterns of treatment, health care outcomes, and patient satisfaction for the purpose of comparing individual data with those of some comparison group.

Economic or financial profiling was defined in another question probe as:

> The collection and use of data on costs, charges, claims, reimbursement per admission or diagnostic related group (DRG) for the purpose of comparing individual data with those of some comparison group.

1. The American Medical Association opposes the use of economic criteria unrelated to quality of care or professional competency in determining eligibility for staff privileges.
2. See J. Blum (1993) and D. Emmons et al. (1993) for discussions of specific clinical and economic profiling measures and the difficulty of drawing meaningful distinctions between the two in practice.
3. Probe definitions were given to physicians unable to readily answer the two profiling questions.

The authors are, respectively, Director of Policy Development Studies and Research Economist in the American Medical Association Center for Health Policy Research.

Table 1. **Prevalence of Physician Profiling, by Specialty and Census Region, 1993**

	Percent Profiled[a]
All physicians	53%
Specialty	
General/family practice	53
Medical specialties	57
Surgical specialties	52
Other specialties	51
Census Region	
Northeast	54
North Central	54
South	51
West	56

Source: See text of article.
a. Differences in proportions by specialty are significant at p=.05.

Physicians who indicated that they were profiled were subsequently asked whether or not they were provided with regular feedback on their profiles and to identify the types of all entities profiling them. All the data reported have been weighted to correct for survey nonresponse bias. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail.

Physicians Subject to Profiling

Table 1 shows the prevalence of physician profiling in 1993. More than half of physicians (53%) are subject to either clinical or economic profiling. This figure contrasts significantly with the 46% of physicians who reported profiling on the 1992 SMS survey.[4] As shown in Table 1, the prevalence of profiling varies by specialty but not by region of the country. Profiling varies from a low of 51%, among other specialists to a high of 57% among medical specialists.

Table 2 reports the percentage of physicians subject to profiling in 1993, by profiling type, by detailed specialty, geographical area, and gender. As in the 1992 study of profiling, clinical profiling (44%) was reported more frequently than economic profiling (30%). This relationship held both at the aggregate level, and when broken out by specialty, census region, and gender. The profiling percentages for all physicians, it should be pointed out, represent significant increases over the levels observed in 1992.

Table 2. **Percentage of Physicians Subject to Clinical Profiling and Economic Profiling, by Specialty, Census Region, and Gender, 1993**

	Clinical Profiles[a]	Economic Profiles
All physicians	44%	30%
Specialty[b]		
General/family practice	43	33
General internal medicine	52	31
Internal medicine subspecialties	49	37
General surgery	43	29
Surgical subspecialties	46	29
Pediatrics	46	32
Obstetrics/gynecology	42	25
Radiology	36	22
Psychiatry	42	27
Anesthesiology	40	25
Pathology	30	31
Emergency medicine	44	32
Other	43	32
Census Region[c]		
Northeast	43	28
North Central	45	31
South	42	29
West	47	32
Gender[c]		
Male	46	30
Female	35	27

Source: See text of article.
a. Differences in clinical profiling proportions by specialty and gender are significant at p=.05.
b. Differences between clinical profiling and economic profiling proportions are significant at p=.05 level for all specialties except pathologists.
c. Differences between clinical and economic profiling proportions by census division and gender are significant at p=.05.

Also as in the 1992 analysis, significant variance in clinical profiling by specialty was found. The figures in Table 2 range from 30% and 36% among pathologists and radiologists, respectively, to 49% and 52% among those in internal medicine subspecialties and general internal medicine, respectively. In contrast to the 1992 analysis, the 1993 data exhibited significant differences in clinical

4. See D. Emmons and G. Wozniak, "Physician Profiling," in M. Gonzalez (Ed.) *Socioeconomic Characteristics of Medical Practice 1992* for a discussion of the 1992 SMS data.

Table 3. **Percentage of Physicians Subject to Clinical Profiling and Economic Profiling, by Employment Status, Employer Type, and Managed Care Participation, 1993**

	Clinical Profiles[a]	Economic Profiles[b]
All physicians	44%	30%
Employment Status[c]		
Self-employed	44	30
Employee	46	29
Independent contractor	44	26
Type of Employer[d]		
HMO	41	30
Freestanding ambulatory care center	52	22
Physician or physician group	49	31
Hospital	48	28
Medical school	47	29
University/college	38	26
Government	41	22
Other	44	35
Managed Care Participation		
PPO contract	50	33
No PPO contract	34	23
IPA contract	57	39
No IPA contract	40	26
HMO contract	50	33
No HMO contract	39	26

Source: See text of article.
a. Differences in clinical profiling proportions by PPO status, IPA status and HMO status are significant at p=.05.
b. Differences in economic profiling proportions by PPO status, IPA status and HMO status are significant at p=.05.
c. Differences between clinical and economic profiling proportions by employment status are significant at p=.05.
d. Differences between clinical and economic profiling proportions are significant at p=.05 for all employer types accept employees of HMOs and the other employer category.

Table 4. **Percentage of Profiled Physicians Receiving Regular Feedback, by Specialty, Census Region, and Gender, 1993**

	Clinical Profile Feedback[a]	Economic Profile Feedback[b]
All physicians	47%	46%
Specialty[c]		
General/family practice	58	50
General internal medicine	52	55
Internal medicine subspecialties	42	49
General surgery	31	22
Surgical subspecialties	36	35
Pediatrics	64	63
Obstetrics/gynecology	48	34
Radiology	49	37
Psychiatry	44	52
Anesthesiology	42	32
Pathology	56	28
Emergency medicine	40	45
Other	37	56
Census Region		
Northeast	50	57
North Central	55	51
South	43	38
West	43	40
Gender		
Male	46	44
Female	57	60

Source: See text of article.
a. Differences in clinical profiling feedback proportions by specialty, census region and gender are significant at p=.05.
b. Differences in economic profiling feedback proportions by specialty, census region and gender are significant at p=.05.
c. Differences between clinical and economic profiling feedback proportions by specialty are significant at p=.05.

profiling percentages by gender. Male physicians (46%) were significantly more likely to report clinical profiles than female physicians (35%).

Table 3 shows the percentage of physicians subject to profiling in 1993, by profiling type, by employment status, employer, and managed care participation. The greater prevalence of clinical profiling, relative to economic profiling, continues to be seen when comparing across these characteristics. The differences by managed care participation, for each of the managed care contract types in Table 3, are significant both for clinical profiling and economic profiling. In particular, physicians with managed care contracts were nearly half again as likely as physicians without such contracts to report clinical profiles. Managed care physicians were nearly twenty-five percent more likely to report economic profiles.

Feedback

Table 4 shows the percentage of physicians receiving regular feedback in 1993, among those with given profile types, by specialty, geographical area, and gender. Under half of those profiled received regular feedback — 47 percent of those reporting clinical profiles, 46 percent of those reporting economic profiles. With the exception of the figures

Table 5. **Percentage of Profiled Physicians Receiving Regular Feedback, by Employment Status, Employer Type, and Managed Care Participation, 1993**

	Clinical Profile Feedback[a]	Economic Profile Feedback[b]
All physicians	47%	46%
Employment Status		
Self-employed	46	44
Employee	50	47
Independent contractor	50	60
Type of Employer		
HMO	72	52
Freestanding ambulatory care center[c]	.	.
Physician or physician group	41	47
Hospital	58	56
Medical school	21	14
University/college	57	38
Government	55	63
Other	55	59
Managed Care Participation[d]		
PPO contract	46	46
No PPO contract	49	50
IPA contract	46	42
No IPA contract	47	49
HMO contract	51	48
No HMO contract	42	46

Source: See text of article.

a. Differences in clinical profiling feedback proportions by type of employer and HMO contract status are significant at p=.05.

b. Differences in economic profiling feedback proportions by type of employer are significant at p=.05.

c. Information based on less than 25 observations is not reported.

d. Differences between clinical and economic profiling feedback proportions are significant at p=0.5 for physicians with HMO contracts.

for pathology and other specialties, the differences observed by profile type are not statistically significant.

Within profile types, however, the prevalence of feedback varies significantly by all of the variables considered — specialty, census region, and gender. The data show that surgeons who were profiled were least likely to receive feedback (22% to 36%); pediatricians who were profiled were most likely (63% and 64%). Feedback on clinical profiles was found most commonly in the North Central census region (55%); feedback on economic profiles was found most frequently in the Northeast census region (57%). Female profiled physicians reported feedback more frequently than did their male counterparts.

Table 5 shows the percentage of physicians receiving regular feedback in 1993, among those with given profile types, by employment status, type of employer, and managed care participation. The between-column differences exhibit the same pattern described for Table 4. Specifically, differences between the clinical profile feedback figures and the economic profile figures are not significant. The exception to the pattern of responses occurs with respect to Health Maintenance Organization (HMO) employees. They reported feedback on clinical profiles (72%) in a significantly greater percentage than they reported feedback on economic profiles (52%).

The within-profile-type variations that are shown in Table 5 are generally *not* significant. (Type of employer is an exception for both profile types.) The data indicate that the prevalence of regular feedback on clinical profiles ranges from a low of 21% among physicians employed by medical schools to a high of 72% among HMO employees. The prevalence of regular feedback on economic profiles ranges from a low of 14% among physicians employed by medical schools to highs of 56%, 59% and 63% among hospital, other, and government employees, respectively. The only other exception to the general pattern noted occurs with respect to the differences noted by HMO contract status among those with clinical profiles. More than half of those with clinical profiles and HMO contracts reported regular feedback, in contrast to 42% of those with clinical profiles but without HMO contracts.

Profiling Entities

In Table 6, frequencies with which certain types of third parties were reported by physicians with clinical profiles as being a profiling entity are examined. Private insurers (58%) and public insurers (38%) were the most frequently cited profiling entities. Hospitals (36%) and other third parties (29%) were less frequently cited. This pattern generally holds with respect to the specialty and census region breakouts.

Frequencies with which certain types of third parties were reported by physicians with economic

Table 6. **Profiling Entities Indicated by Physicians Reporting Clinical Profiles, by Specialty and Census Region, 1993**

	Percent of Physicians Indicating:			
	Private Insurers[a]	Public Insurers	Hospitals[b]	Other
All physicians	58%	38%	36%	29%
Specialty				
General/family practice	62	38	21	29
Medical specialties	59	38	33	28
Surgical specialties	63	37	47	31
Other specialties	49	39	36	27
Census Region				
Northeast	54	36	32	27
North Central	60	34	35	32
South	58	42	41	27
West	60	39	34	29

Source: see text of article.

a. Differences by specialty in the proportion of physicians indicating that profiling feedback entities were private insurers are significant at p=.05.

b. Differences by specialty and census region in the proportion of physicians indicating that profiling feedback entities were hospitals significant at p=.05.

profiles as being a profiling entity are examined in Table 7. The pattern of responses is very similar to that observed in Table 6. Private insurers (58%) and public insurers (43%) were indicated most frequently; hospitals (27%) and other third parties (9%) were reported less frequently. Again, this general pattern held with respect to the specialty and census regions as well.

Discussion

The prevalence of physician profiling is likely to continue to rise. Under the Health Care Financing Administration's (HCFA) Peer Review Organization (PRO) Fourth Scope of Work, Medicare PROs will analyze patterns of care and outcomes. The PROs will then share that information with physicians and providers to help them identify ways to achieve the best success rates in improved outcomes and quality of care.[5] HCFA's "Cooperative Cardiovascular Project," a hospital- and physician- profiling initiative in which PROs will collect and analyze data on Medicare cases involving coronary artery bypass grafts, acute myocardial infarction, and percutaneous transluminal coronary angioplasty was scheduled to be implemented in a dozen states in 1993[6] (after the data reported here were collected). In addition, efforts such as the clinical guideline work being done for the Agency for Health Care Policy Research will promote the sorts of evaluation that we have discussed here. Finally, if enacted, the Administration's Health Security Act would require health alliances and plans to routinely publish information on their performance relative to selected quality measures, including measures for providers "if the available information is statistically significant."[7]

It is likely that many profiling activities will be developed initially as clinical and educational programs. Such an approach may be the most likely to win physician acceptance. Once data have been collected, however, it is a relatively simple manner to turn them to economic assessment exercises. Moreover, as John Blum (1993) has very clearly illustrated, even the use of clinical profiles can carry economic consequences — insurers generally do not pay for unnecessary services.

Our data indicate that in many instances physicians (specifically owners of group practices) are profiling other physicians. Practices that engage in profil-

5. See D. Emmons, et al. (1993).

6. Health Care Financing Administration, The PRO Fourth Scope of Work, at 22, (Oct. 1, 1992)

7. See Section 5005 of the President's proposal (Bureau of National Affairs, 1993).

Table 7. **Profiling Entities Indicated by Physicians Reporting Economic Profiles, by Specialty and Census Region, 1993**

	Percent of Physicians Indicating:			
	Private Insurers[a]	Public Insurers[b]	Hospitals[c]	Other
All physicians	58%	43%	27%	9%
Specialty				
General/family practice	62	34	16	4
Medical specialties	60	44	29	10
Surgical specialties	63	42	34	11
Other specialties	50	49	25	9
Census Region				
Northeast	50	42	20	8
North Central	60	36	30	7
South	59	52	30	12
West	64	40	27	10

Source: See text of article.

a. Differences by specialty and census region in the proportion of physicians indicating that economic profiling feedback entities were private insurers are significant at p=.05.

b. Differences by specialty and census region in the proportion of physicians indicating that economic profiling feedback entities were public insurers are significant at p=.05.

c. Differences by specialty in the proportion of physicians indicating that economic profiling feedback entities were hospitals are significant at p=.05.

ing need to be sure that they have clear and explicit policies regarding such performance measures in their bylaws and staff manuals. Failure to document such standards could make it significantly more difficult to defend against charges of discrimination or anticompetitiveness brought by former employees who failed to meet those standards.

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Trends In The Physician Services Market

by James F. Rodgers and Sara L. Thran

The business of medical practice has prospered financially since the mid-1960's with the introduction of Medicare and Medicaid (Frech, H.E., 1990). More recently, changes in physician and hospital payment under the Medicare program and developments in the organization of medical practice have begun to affect the business of medical practice. These changes, coupled with the uncertainty of health system reform changes, make trend information on the physician services marketplace timely. This paper provides a broad overview of the trends in some key economic variables in the years 1982 through 1992. Much of the data presented is drawn from American Medical Association's (AMA) Socioeconomic Monitoring System (SMS) surveys of nonfederal patient care physicians, excluding residents. SMS results have been weighted to adjust for survey nonresponse bias and to improve the accuracy of estimates of income for the physician population. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail. In this report SMS information is supplemented with data from various secondary sources.

Health Care Market Trends

The physician services market responds, however imperfectly, to changes in the general health care marketplace. Thus, examining trends in the physician services market entails focusing on the general forces at work in the demand for and supply of health care services. Demographic changes in the U.S. population affect the demand for health care services. Table 1 presents data showing that the U.S. population has not only been growing, but also has been getting older in the last ten years. The growth of the aged population has been fairly slow and steady. Although the elderly remain disproportionately heavy users of health care services, the aging population trend has only a small year-to-year impact on total health care spending (American Medical Association 1989, Mendalson and Schwartz 1993).

Economic factors are also expected to affect the demand for health care services. The purchasing power of consumers ultimately influences demand for health care services. As Table 2 shows, disposable personal income of Americans has been rising modestly, on average, with slight drops in 1987 and 1991. In addition, trends in the coverage and structure of health insurance affect demand by distorting prices of health care services. Table 3 indicates that private insurance has met a relatively constant share of hospital care bills, but the share of physician services covered by private insurance grew by 7.5 percentage points from 1982 to 1992. It is in this growth environment that medical services have been operating for the past decade. One should note, however, that the growth in the share of hospital care and physician services covered by private insurance showed virtually no change for the last four years.

The authors are, respectively, Director and Director of Special Projects in the American Medical Association Center for Health Policy Research.

Table 1. **Total U.S. Population**

	All Ages[a]	75 or More Years[a]	Proportion 75 or More Years
1982	232,520	10,630	4.57%
1983	234,799	10,934	4.66
1984	237,001	11,231	4.74
1985	239,279	11,531	4.81
1986	241,625	11,840	4.90
1987	243,942	12,167	4.99
1988	246,307	12,468	5.06
1989	248,762	12,802	5.15
1990	249,924	13,127	5.30
1991	252,688	13,474	5.33
1992	255,082	13,823	5.42

Source: *Statistical Abstract of the United States, 1992.*
a. In thousands.

Table 2. **Real Disposable Personal Income Per Capita (in 1982 Dollars)**

1982	10,318	1988	11,799
1983	10,490	1989	11,918
1984	11,068	1990	12,023
1985	11,262	1991	11,884
1986	11,512	1992	11,891
1987	11,506		

Source: *Statistical Abstract of the United States, 1992.*

Table 3. **Percentage of Consumer Spending Met by Private Insurance**

	Hospital Care	Physicians' Services
1982	87.8[a]	63.6[a]
1983	87.6	64.6
1984	87.5	65.9
1985	87.1	67.7
1986	88.1	68.7
1987	88.8	69.1
1988	87.1	70.2
1989	87.8	71.3
1990	87.5	71.2
1991	87.4	71.1
1992	87.4	71.1

Source: *Statistical Abstract of the United States, 1992.*
a. Estimated value.

Also relevant to the demand for physician services is the marketplace for hospital services which produces both substitutes for and complements to physician services. Although some physician services are produced in the hospital and thus are complements, hospitals also compete with medical practices in the provision of some outpatient and ancillary services (Pauly 1980). It is useful to note the gross trends in prices for hospital services over the last ten years. Table 4 shows a rapid rise in the average real revenues per inpatient day. Real revenues per outpatient visit, although considerably lower, rose at a faster pace.

For a cost conscious purchaser of services, there are incentives to substitute outpatient care for inpatient care. Faced with rising relative costs of inpatient services, consumers apparently did respond as seen in Table 5; hospital admissions decreased by about 14% while outpatient visits rose about 33%. The trend away from inpatient care would be even more dramatic using statistics on the number of inpatient days, because some of that drop would undoubtedly be attributed to prospective DRG payment for hospital services under Medicare (Feder 1987 and Guterman 1988).

Trends in Output and Prices of the Typical Medical Practice

Before trends in the output of the physician services marketplace are reviewed, it is useful to note the flow of resources into the market. Due to prevalent concerns about the "correct" specialists/generalists mix in the United States, the physician population is separated into two categories: primary care specialties and nonprimary care specialties. The primary care specialties include general/family practice, general internal medicine, and pediatrics.[1] Table 6 shows the growth in the active U.S. physician population. The supply of physicians grew about 31% from 1982 to 1992, while the growth in the general population was only about

1. The American Medical Association's definition of primary care includes obstetrics/gynecology. In analyses not presented, we used this grouping and found that it generally reduced the size of the difference in means between primary and nonprimary care.

Table 4. **Real Revenue in Community Hospitals (in 1982 Dollars)**

	Per Inpatient Day	Per Outpatient Visit
1982	$393	$67
1983	447	88
1984	483	98
1985	519	109
1986	563	121
1987	600	131
1988	643	139
1989	701	149
1990	752	165
1991	828	184

Source: *Statistical Abstract of the United States, 1991.*

Table 5. **Annual Hospital Utilization**

Year	Admissions[a]	Outpatient Visits[a]
1982	39,095	313,667
1983	38,887	273,168
1984	37,938	276,566
1985	36,304	282,140
1986	35,219	294,634
1987	34,439	310,707
1988	34,107	336,208
1989	33,742	352,248
1990	33,774	368,184
1991	33,567	387,675
1992	33,536	417,874

Source: *Hospital Statistics.*
a. In thousands.

Table 6. **Active U.S. Physician Population**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	449,389	156,177	293,212
1983	466,797	159,058	307,739
1984	485,101	165,541	319,560
1985	497,140	170,741	326,399
1986	505,750	171,047	334,703
1987	521,328	176,046	345,282
1988	536,755	180,186	356,569
1989	547,310	183,294	364,016
1990	561,322	187,802	373,520
1991	578,108	197,719	380,389
1992[a]	587,060	195,321	391,739

Source: AMA Physician Masterfile.
a. Preliminary data.

Table 7. **Physician-Population Ratio (Per 100,000 Population)**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	193.3	67.2	126.1
1983	198.8	67.7	131.1
1984	204.7	69.8	134.8
1985	207.8	71.4	136.4
1986	209.3	70.8	138.5
1987	213.7	72.2	141.5
1988	217.9	73.2	144.8
1989	220.0	73.7	146.3
1990	224.6	75.1	149.5
1991	228.8	78.2	150.5
1992[a]	230.1	76.6	153.6

Source: AMA Physician Masterfile and Statistical Abstract of the United States.
a. Preliminary data.

10% during the same period. Thus, the physician-population ratio has been rising these past ten years, as seen in Table 7. The physician-population ratio for nonprimary care specialties has been rising much more dramatically than that for primary care specialties. Clearly there are some resources here to meet any growing demand for physician services.

In order to assess what has happened to output per physician, output measures provided in the AMA's Socioeconomic Monitoring System (SMS) surveys were utilized. Table 8 shows that visits per week per physician were falling rapidly at the beginning of the period, increased and leveled off in the middle, and then began to decline again at the end of the period. The trends were generally the same for primary and nonprimary care specialties. It is important to note that hospital visits, which make

Table 8. **Average Total Patient Visits per Physician Per Week**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	129.1	139.5	120.0
1983	123.4	135.2	113.9
1984	118.1	130.0	109.7
1985	117.1	129.2	108.5
1986	117.7	131.8	107.6
1987	119.3	130.7	111.0
1988	121.1	138.2	108.8
1989	121.6	135.9	111.2
1990	120.9	134.2	111.4
1991	118.4	133.3	107.6
1992	114.8	129.3	104.6

Source: 1982-1992 AMA Socioeconomic Monitoring System core surveys.

Table 9. **Average Hours in Patient-Care Activities Per Physician Per Week**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	51.3	53.0	50.2
1983	51.8	54.1	50.6
1984	51.5	53.4	50.5
1985	51.3	52.9	50.4
1986	52.2	54.0	51.3
1987	52.9	54.7	52.0
1988	53.1	54.9	52.1
1989	53.3	54.9	52.5
1990	53.3	54.3	52.8
1991	53.3	54.1	53.0
1992	52.9	53.9	52.4

Source: 1982-1992 AMA Socioeconomic Monitoring System core surveys.

Table 10. **Real Physician Services Expenditures per Physician In Thousands of Dollars (in 1982 Dollars)**

	Adjusted (CPI-All Services)	Adjusted (CPI-Physician Services)
1982	119.7	119.7
1983	125.8	120.5
1984	128.5	120.1
1985	133.5	122.1
1986	142.9	124.1
1987	151.5	127.1
1988	159.6	130.1
1989	161.5	128.5
1990	165.3	129.4
1991	169.1	130.1
1992	177.9	132.6

Source: *Statistical Abstract of the United States* and AMA Physician Masterfile.

Table 11. **Average Real Fee for New Patient Office Visit (in 1982 Dollars)**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	$43	$39	$47
1983	47	41	51
1984	45	38	50
1985	47	38	52
1986	49	41	55
1987	51	41	58
1988	52	42	59
1989	53	42	62
1990	55	43	64
1991	59	47	67
1992	61	49	69

Source: 1982-1992 AMA Socioeconomic Monitoring System core surveys.

up between a tenth and a third of visits depending upon specialty, are largely responsible for the total decline. The SMS survey also allows for examination of total hours per week spent in patient care, as shown in Table 9. An increase of about 4% was observed between 1982 and 1989, but hours leveled off for three years and declined in 1992. For primary care specialties, hours have been slowly declining since 1989.

Real physician services expenditures per physician, as seen in Table 10, provides a useful measure of the value of services produced by the average physician. The first column shows the adjustment using

Table 12. **Average Real Fee for Established Patient Office Visit (in 1982 Dollars)**

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	$23	$22	$25
1983	24	22	26
1984	25	23	26
1985	25	23	27
1986	27	24	28
1987	27	24	29
1988	28	24	30
1989	29	25	32
1990	29	26	32
1991	30	26	32
1992	32	28	35

Source: 1982-1992 AMA Socioeconomic Monitoring System core surveys.

Table 13. **Excess Physician Services Inflation**

	Percent Change CPI-Physician Services	Percent Change CPI-All Items	Percentage Point Difference
1982	9.4	6.2	3.2
1983	7.7	3.2	4.5
1984	6.9	4.3	2.6
1985	5.9	3.6	2.3
1986	7.2	1.9	5.3
1987	7.3	3.6	3.7
1988	7.2	4.1	3.1
1989	7.4	4.8	2.6
1990	7.1	5.4	1.7
1991	6.0	4.2	1.8
1992	6.3	3.0	3.3

Source: *Statistical Abstract of the United States.*

the Consumer Price Index (CPI–all services) and suggests a large increase in the value of physician services. The second column is a more specific measure of physician output, and it illustrates a smaller increase. Because the CPI–physician services is thought to overstate the true inflation rate for medical care, output per physician probably is rising more rapidly than this measure indicates. This growth may be associated with a growth in intensity of services provided to patients.

Alternative measures of physician prices are available for selected services from the SMS survey. Office visit fees provide some indication of prices. The average fee for an office visit with a new patient adjusted by the CPI for all items is presented in Table 11. Nonprimary care specialties experienced a much larger increase than primary care specialties during this period. Since this price measure could be a "loss leader" to attract new patients, the average real fee for visit of an established patient is also examined (see Table 12). The only meaningful difference here is that the real visit fee for established patients grew at a slower rate than the fee for new patients.

The CPI–all items, which has shown a continuing positive excess inflation in the physician services marketplace, provides a more aggregate measure of fee growth. Table 13 presents the difference in growth in the CPI–physician services and the CPI–all items; it indicates positive excess physician services inflation throughout the period, but shows no constant trend.[2]

The Economics Of Medical Practice During The Past Decade

Presumably, if the typical practicing physician has seen real fees rising and output constant or increasing slightly, rising real revenues would be expected. The data in Table 14, average real annual practice revenues of self-employed physicians, confirm that prediction, with the nonprimary care specialties experiencing a greater increase than the primary care specialties. Table 15 shows that real practice expenses of self-employed physicians followed the general course of real revenues over the decade, suggesting that medical practice earnings over time should be steady as well.

This is supported by data on the average real medical practice income of physicians. Although Table 16 reveals a 25% growth in the average income of all physicians; year to year the growth has been

2. Newhouse, 1992, argues that our measure of medical price inflation is faulty because it does not take into account quality improvements due to technological change. Thus, he considers the measure of excess health care inflation to be severely overstated.

Table 14. **Average Real Annual Practice Revenues of Self-Employed Physicians**

In Thousands of Dollars (in 1982 Dollars)

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	$186.9	$154.3	$206.5
1983	191.2	149.6	213.4
1984	196.5	151.8	219.2
1985	205.3	157.4	228.3
1986	216.2	172.8	239.5
1987	230.5	187.9	254.4
1988	242.7	188.6	272.9
1989	251.1	192.7	281.1
1990	254.4	186.8	275.7
1991	252.8	191.6	283.8
1992	263.4	198.5	292.6

Source: 1983-1993 AMA Socioeconomic Monitoring System core surveys.

Table 15. **Average Real Annual Practice Expenses of Self-Employed Physicians**

In Thousands of Dollars (in 1982 Dollars)

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	$78.4	$70.7	$83.0
1983	82.7	73.1	87.8
1984	87.3	76.6	92.6
1985	92.1	78.0	98.8
1986	104.3	92.7	110.3
1987	105.1	97.5	109.1
1988	114.8	99.0	123.2
1989	115.5	101.0	122.8
1990	110.7	97.2	117.5
1991	119.3	100.6	128.3
1992	123.1	107.4	129.9

Source: 1983-1993 AMA Socioeconomic Monitoring System core surveys.

modest, and has leveled off since 1989.[5] The primary care specialties experienced a 9% gain in real net income, while the nonprimary care specialties experienced a 29% gain during this period. Interestingly, the primary care specialties experienced a slight decrease in real net income in 1992.

How Trends Are Likely To Be Affected by Selected Exogenous Factors

The 1980's were generally favorable to the typical medical practice. Demand grew sufficiently fast to accommodate the continuing growth in the supply of physicians. However, due to the weak growth of average real practice income at the end of the period, the general trend in the early 1990's was not quite as favorable to the economics of medical practice as was the trend in the 1980's. Accordingly, without any unexpected policy changes in the system, a rather flat picture for the remainder of the 1990's is expected with real revenues per physician and real expenses per physician showing little change.

However, there are several expected modifiers to the current system. First, there is Medicare's relative value scale, which redistributes dollars away from procedural services towards cognitive services. In the absence of quantity adjustments, generalists would be expected to gain at the expense of specialists, overall. Some physicians may not suffer as badly as indicated by the simulation projections that have been done to date; physicians may be able to deliver more services for which payments are increased and reduce those for which payment has fallen (See HCFA 1991 and Reynolds 1991). For others, like surgeons, it will be hard to make up for their anticipated losses in Medicare earnings by changing the output mix. Also, because Medicare represents a significant component of the whole market, it may be difficult for them as a group to shift their work away from the elderly towards patients with private insurance.

Perhaps equally important to the RBRVS change is the setting of Medicare reimbursement rates. No longer will two physicians in the same office building be able to get paid two widely differing rates for the same service. Though the effect of this change on the average revenue of medical practices is uncertain, it is expected to have an impact on which physicians serve Medicare patients.

5. Note that Table 16 presents average income of all physicians (employees and self-employed physicians), while Tables 14 and 15 present revenue and expenses of self-employed physicians only. Thus, mean expenses and income in Tables 15 and 16 should not add up to the mean revenue shown in Table 14.

Table 16. **Average Real Medical Practice Income of Physicians**

In Thousands of Dollars (in 1982 Dollars)

	All Physicians	Primary Care Specialties	Nonprimary Care Specialties
1982	$97.7	$75.9	$110.5
1983	100.9	71.4	115.4
1984	100.7	71.8	115.5
1985	100.6	71.7	115.1
1986	105.3	74.3	121.6
1987	112.4	80.2	130.0
1988	117.9	83.8	136.2
1989	121.2	82.5	141.0
1990	121.3	80.3	142.7
1991	120.9	84.2	139.2
1992	122.0	82.7	142.4

Source: 1983-1993 AMA Socioeconomic Monitoring System core surveys.

Health system reform is another major unknown that could change the entire picture. But it is too premature to begin speculations about national reform. Thus, in the absence of such major change, continued reductions in Medicare payment rates, minor growth in health insurance coverage, and perhaps reductions in some subsidies to the medical sector are expected. Demand is not expected to continue to be able to grow at rates to keep up with the phenomenal growth in physician supply. Thus, the typical practice might experience some erosion in earnings during the 1990's with primary care physicians perhaps being able to maintain or increase their level of current earnings.

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Recent Trends in Managed Care

by David W. Emmons and Carol J. Simon

Managed care figures prominently in the U.S. health care system. Data from a survey of members of the Health Insurance Association of America indicate that, in 1990, 38% of the employees enrolled in their plans were in network-based managed care plans--principally, health maintenance organizations and preferred provider organizations. By way of comparison, that figure had been 27% in 1987 (Hoy *et al.* 1991). Many analysts believe that the growth in managed care to date will continue unabated, or even accelerate, as employers continue to look for ways to limit their health care liabilities while still providing coverage to their employees. A number of policy makers, in the belief that they are merely hastening an inevitable evolution to managed care, have made managed care an explicit component of their proposals for reforming the U.S. health care system. Other policy makers, while stopping short of prescribing managed care, have included strong incentives to drive patients toward managed care plans.

This article employs data from the American Medical Association's 1988-1993 Socioeconomic Monitoring System (SMS) core surveys of nonfederal, patient care physicians (excluding residents) to examine trends in physician contracting with managed care plans and the proportion of practice revenues coming from such contracts. The SMS surveys include questions on whether physicians have contracts to provide services through individual practice arrangements (IPAs), non-IPA model health maintenance organizations (HMOs), and preferred provider organizations (PPOs). Physicians who indicated that they had a particular type of managed care contract were then asked the percentage of their revenue generated under such contracts.[1] SMS data were weighted to adjust for survey nonresponse bias. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail.

The Growth in Managed Care, 1988-1993

Physician participation in all types of managed care plans has continued to rise, at a stable or increasing rate. As shown in Table 1, the proportion of physicians (excluding HMO employees) with a managed care contract rose to 75% in 1993. Gains, relative to 1992, were registered relatively evenly across alternative types of managed care systems — the proportion of physicians who reported having at least one HMO contract increased six percentage points (from 48% to 54%) during the period 1992-1993. The proportion of physicians contracting with a PPO also increased six percentage points between 1992 and 1993 (from 62% to 68%). The five percentage point increase (from 21% to 26%) in IPA

1. Physicians who are employees of staff model HMOs were not included in the analysis. Such physicians comprise about 2.5% of the SMS reference population.

The authors are, respectively, Director of Policy Development Studies and Research Economist in the American Medical Association Center for Health Policy Research.

Table 1. **Trends in Managed Care Participation**

	Proportion of Physicians With Managed Care Contracts					
	1988	1989	1990	1991	1992	1993
IPA	21%	19%	19%	20%	21%	26%
HMO	35	33	36	37	42	48
PPO	45	45	49	54	58	64
Any Managed Care Contract[a]	61	59	61	[illegible]	70	75

Source: See text of article.

a. "Any managed care contract" is defined throughout this paper to mean that the physician had at least one PPO, HMO or IPA contract.

contracting during the period 1992-1993 was in contrast to the stable participation rates noted over the previous five years.

The economic importance of managed care contracts can be gauged from the share of revenue a physician derives from managed care. Physicians, anticipating future increases in competition, may enter into managed care contracts to prevent being excluded at a later date. Hence, participation data may tend to overstate the current significance of managed care delivery systems. The SMS survey asks physicians with at least one managed care contract to estimate their share of revenues from managed care.[2] In 1993, managed care revenues remained steady or rose. Physicians participating in any managed care system, on average, derived 35% of their revenues from managed care sources. HMO and IPA contracts contributed 24% to revenues. PPO revenues held constant at 21%. As physicians typically use managed care plans to expand their practices, one would expect a lag between the initial growth in participation rates and subsequent increases in practice revenues. Overall, the data suggest a continuation of the earlier upturn in managed care trends — both in terms of the numbers of participating physicians and the relative importance of managed care dollars in practice revenues (Gillis and Emmons 1993).

Changing Patterns of Participation in Managed Care, by Physician Characteristics

While Table 1 suggests sustained growth in managed care contracting, a closer look at the data reveals sharp contrasts in the growth of managed care across specialties and other physician characteristics. Table 2 highlights variations in managed care participation rates by physician specialty. Table 3 examines the data broken out by practice size. Tables 4 and 5 examine trends by selected physician characteristics and geographic location, respectively.

The numbers in Table 2 are striking: Recent changes in managed care contracting *have not* been concentrated in primary care. Changes in contracting rates for primary care physicians have been equal to or below the average for all physician groups.[3] Combining all managed care contracts, participation rates for general/family practitioners (70%) continue to lag the average for all physicians (75%). The highest rates of growth have been registered for anesthesiologists, radiologists, pathologists, physicians in internal and emergency medicine, and obstetricians and gynecologists — specialties not traditionally associated with managed care.

In 1993, obstetricians and gynecologist had the highest HMO participation rate (59%), coupled with above average increases in participation rates over the period 1992 to 1993. One possible explanation is offered in recent research by Robinson, Gardner and Luft who suggest that patients who anticipate expensive health care needs — such as maternity care — may switch to an HMO from a fee-for-service plan (Robinson *et al.* 1993). This is not to suggest that HMOs generally attract a segment of the population with higher health care costs. To the contrary, the prevailing evidence points to the self-

2. Changes in the 1993 survey questionnaire make HMO and IPA revenue comparisons with previous years problematic and possibly overstate revenue increases. Prior to 1993, physicians were asked to report combined revenues from IPAs and HMOs. In 1993, separate revenue questions were added for IPAs and HMOs.

3. Recall, physicians who are employees of staff-model HMOs are excluded from these tabulations.

Table 2. **Managed Care Participation Rates, by Contract Type and Specialty**

	1993 Participation Rates, by Contract Type				Percentage Point Change in Participation Rates, 1992-1993, by Contract Type			
	HMO[a]	IPA[a]	PPO[a]	Any[a]	HMO	IPA	PPO	Any
All physicians	48%	26%	64%	75%	6	5	6	5
Specialty								
General/family practice	41	21	59	70	3	2	7	6
Internal medicine	50	26	65	80	12	5	7	10
Internal medicine subspecialties	53	30	72	82	5	– 1	4	3
General surgery	52	35	71	82	3	13	6	5
Surgical subspecialties	52	30	72	80	4	6	6	0
Pediatrics	52	28	69	80	2	3	8	4
Obstetrics/gynecology	59	31	73	84	7	8	6	4
Radiology	63	34	70	82	8	15	9	10
Psychiatry	23	11	45	50	0	1	3	– 1
Anesthesiology	55	29	68	76	13	8	15	11
Pathology	45	19	61	71	8	7	10	6
Emergency medicine	30	11	40	49	11	2	13	14
Other	42	28	62	72	1	7	13	10

Source: See text of article.
a. Participation rates differ significantly by specialty at p=.05.

selection of healthier individuals into HMOs.

HMO participation also increased sharply for physicians with specialties in internal medicine (12 percentage points), anesthesiology (13 points), emergency medicine (11 points), and radiology (eight points). Participation increases were smaller for pediatricians (three points) and surgeons (three points) — although both specialties continued to contract with HMOs at higher than average rates.

Similar patterns emerge from the data on IPA and PPO contracting. IPAs, which have the lowest market participation rates of any surveyed form of managed care, exhibited the greatest variation in contracting growth. Interesting contrasts emerge in the data for surgeons. Contracting rates with IPA-model HMOs rose sharply (13 percentage points) in 1993, while affiliations with non-IPA HMOs went up by only three points.

PPO participation rates are higher and less varied than other forms of managed care — generally ranging from around 60% to 70% across specialties. Changes in participation rates were also more uniform ranging from 4-7 percentage points in the last year for most of the medical and surgical specialty groups. Anesthesiology, pathology, emergency medicine, and radiology were notable exceptions, where participation rates increased by greater amounts.

As a practical matter, the data on managed care practice revenues generally reflect trends in participation rates across specialties. Notable findings from the revenue data include:

- In 1993, the specialties with greatest proportion of practice revenues in managed care were obstetrics/gynecology (48%), pediatrics (41%) and anesthesiology (40%). The lowest managed care revenue shares were recorded by emergency medicine (27%) and psychiatry (29%).
- Increases in revenue shares during the 1992-1993 period were largest for anesthesiology (eight percentage points), pathology (seven points), and radiology (six points).
- In contrast, managed care revenues for general/

Table 3. **Managed Care Participation Rates, by Practice Size**

Number of Physicians in the Practice	Participation Rates by Type of Contract				Percentage Point Change in Participation Rates, 1992-1993, Any Contract
	HMO[a]	IPA[a]	PPO[a]	Any[a]	
1	39%	23%	60%	69%	0
2-4	49	34	71	82	5
5-9	52	32	74	83	3
10-24	63	30	77	87	9
25 and over	78	24	72	88	5
All physicians	48	26	64	75	5

Source: See text of article.
a. Participation rates differ significantly by practice size at p=.05.

family practitioners and pediatricians have been essentially flat for the past two years.

The changing mix of physicians involved in managed care has several implications. First, it highlights the fact that managed care is evolving from a primary-care centered delivery system, typical of a staff-model HMO, to a variety of settings with increasing parity in representation among medical specialties. Discussions of managed care trends should reflect these facts. In particular, there has been conflicting evidence, of late, on the ability of managed care to reduce costs and control utilization (Miller *et al.* 1993; GAO 1993). When evaluating the data it is important to distinguish between deficiencies in the ability of managed care, per se, to discipline costs versus changes in costs and utilization that are due to broader specialty participation.

Participation Patterns by Practice Size

Table 3 provides a breakout of managed care participation by practice size. Solo practitioners — who comprise over 50% of all self-employed physicians — have significantly lower participation rates than their counterparts across all types of managed care contracts. Furthermore, while the incidence of contracting increased by over five points for all physicians, there was no change in managed care participation for solo-practitioners between 1992 and 1993.

The likelihood of contracting with an HMO rises steadily with the size of the practice: 78% of the largest groups (over 25 physicians) hold HMO contracts versus 39% of solo practitioners. For IPAs and PPOs it is the lower contracting rate of solo physicians that drives the relationship between size and participation. There is no significant difference between the contracting rates of the smallest groups (2-4 physicians) and larger groups with 5 to 25 members. In fact, IPA and PPO contracting rates decline in the largest groups. Possibly, large groups have sufficient reputation to maintain their patient base, or the scale and resources to independently build a patient base. Alternatively, by virtue of their size, the largest groups may be less subject to competitive pressures that motivate affiliation with a managed care network.

Physician Characteristics and Participation in Managed Care

Table 4 presents trends in managed care participation rates broken out by physician characteristics: age, board certification, place of graduation, and gender. Younger physicians, presumably expanding their practices, continue to rely more heavily on managed care contracts than older physicians. Physicians under the age of 40 receive a higher percentage of their revenues from managed care than older physicians and have also experienced the highest revenue growth relative to 1992. Over 80% of physicians under the age of 40 participated in some managed care contract and received an average of 38% of practice revenues from managed care. For those over the age of 55, the participation and revenue numbers fall to 66% and 33%, respectively. Between 1992 and 1993, participation rose by nine percentage points for the under 40 group,

Table 4. **Managed Care Participation Rates, by Physician Characteristics**

	HMO[a]	IPA[a]	PPO[a]	Any[a]	Percentage Point Change in Participation Rates, 1992-1993, Any Contract
All physicians	48%	26%	64%	75%	5
Age					
Under 40	52	25	70	80	9
40 — 55	50	28	66	77	5
Over 55	40	24	55	66	3
Board Certification					
Certified	51	29	68	79	6
Not Certified	38	18	53	63	4
Place of Graduation					
U.S. or Canada	47	27	66	76	5
Foreign	49	24	57	71	7
Gender					
Male	48	27	65	75	4
Female	48	19	58	71	10

Source: See text of article.
a. Participation rates differ significantly by age, board certification, place of graduation, and gender at p=.05.

while increasing less than three points among those over the age of 55.

Additional observations include:

- A larger proportion of domestic medical school graduates participated in managed care — 76% versus 71% of foreign graduates — although the gap is narrowing. Between 1992 and 1993 participation increased by seven percentage points among foreign graduates, versus four points among domestic graduates. HMO contracts are slightly more prevalent among foreign medical school graduates.
- Growth in managed care contracting has been particularly strong among women. Participation rates for female physicians rose by 10 points between 1992 and 1993, reversing earlier trends. Female physicians are still slightly less likely to participate in managed care — 71% versus 76% of their male colleagues have contracts. HMO contracting is a notable exception. In 1993 there was no difference in HMO participation rates between male and female physicians.
- In 1993, 79% of board certified physicians participated in managed care, versus 63% of those without certification. Increased contracting among specialists supports these trends.

Participation Patterns by Geographic Location

The 1993 data, presented in Table 5, continue to show considerable disparity in managed care participation according to geographic location — although differences may be moderating. Managed care continued to have the greatest market penetration rates in New England, the East and West North Central, Mountain, and Pacific states. Participation rates exceeded 81% in New England and the Pacific regions, and 77% in the East and West North Central, and Mountain regions.

Recent growth in contracting, however, has been generally stronger in those regions that historically have lagged the national average. Participation in any form of managed care rose by nine percentage points in the West South Central states and by eight points in the Middle Atlantic region. These regions had the lowest contracting rates in 1992. Similarly, changes in participation rates were lowest in the

Table 5. **Managed Care Participation Rates, by Census Region and Location**

	HMO[a]	IPA[a]	PPO[a]	Any Contract[a]	Percentage Point Change in Participation Rates, 1992-1993, Any Contract
All physicians	48%	26%	64%	75%	5
Census Region					
New England	63	46	63	81	3
Middle Atlantic	44	20	46	65	8
East North Central	54	24	70	82	8
West North Central	52	22	69	77	6
South Atlantic	43	20	67	72	6
East South Central	32	16	69	73	5
West South Central	41	15	65	71	9
Mountain	56	29	70	77	2
Pacific	51	44	73	82	2
Location					
Nonmetropolitan	24	11	45	51	4
Metropolitan					
Less than 1,000,000	47	24	64	72	5
1,000,000 and over	55	32	70	74	5

Source: See text of article.
a. Participation rates differ significantly by census region and location at p=.05.

Pacific and Mountain states, suggesting that there may be a ceiling on potential market penetration for managed care.

Geographic patterns in revenues earned from managed care follow participation patterns. In 1993, participating physicians in the Mountain and Pacific states earned 49% and 43% of their revenues from managed care, respectively. This contrasts with the national average of 35%. Managed care contributed to a significantly greater share of physician revenues in New England and the East and West North Central states as well. However, unlike the pattern for participation rates, there is evidence of continued divergence in the growth of managed care *revenues* across regions. Physicians in the East and West South Central states recorded no growth in the share of revenues derived from managed care. Changes in managed care revenue shares in the Middle Atlantic states significantly lagged the national average, as well.

Physicians in large metropolitan areas continued to be much more likely to participate in managed care and to derive a greater share of their revenues from managed care contracts. In 1993, over 79% of all physicians in metropolitan areas with one million or more inhabitants had contracts, which comprised 41% of their total revenues. Physicians in metropolitan areas of less than one million participated at a rate of 77%, and derived 31% of their practice revenues from managed care. Physicians in nonmetropolitan areas significantly lagged the average, with participation rates of 55% and only 20% of their revenues based on managed care. In a large part, these data point to the difficulty of implementing managed care networks in sparsely populated areas.

Discussion

The data revealed continued growth in managed care participation for all contract types. Three-fourths of physicians now have at least one managed care contract. On average, physicians with managed care contracts derive just over a third of their revenues from their contracts.

Despite media reports regarding the positioning of insurers to capture a greater piece of the primary care market, growth in physician contracts *has not* been concentrated among those in primary care specialties. Several recent reports, including the one by the GAO, have raised questions about the ability of managed care plans to control cost growth. If the trend observed in regard to contracting by specialty continues, it may put further pressure on the growth of expenditures under managed care plans.

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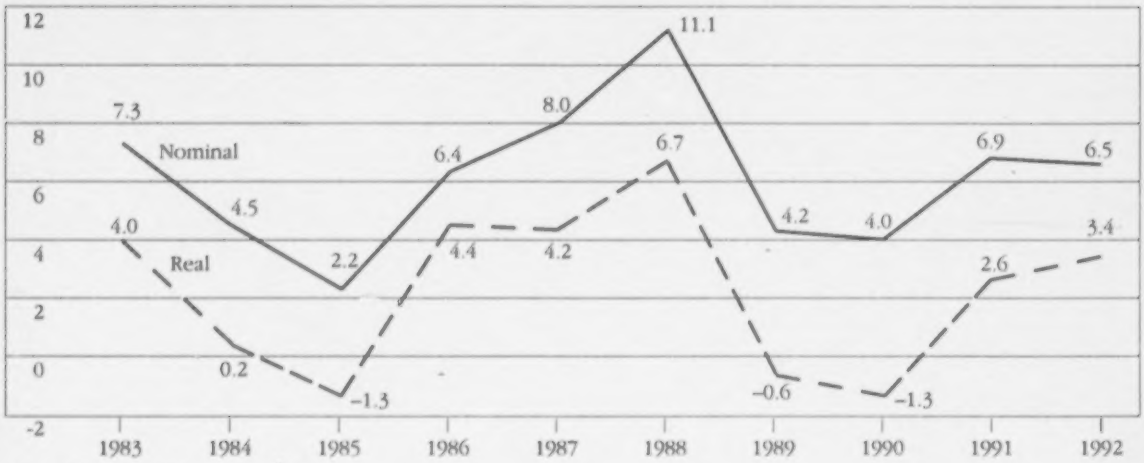
Physician Earnings, 1982-1992

By James W. Moser

Figure 1. **Year-to-Year Percentage Changes in Median Physician Net Income after Expenses before Taxes, 1983-1992.**



Source: See text of article.

The financial rewards to the practice of medicine are of interest to the health policy makers, participants on the demand side of the physician services market, consultants, attorneys, and others who provide services to physicians, and health system researchers, in addition to doctors themselves. The 1990s have witnessed an acceleration in health system reform activity, accompanied by continued developments in the private organization and delivery of care and federal action on Medicare. All of these are motivated at least in part by cost containment and hence have implications for physician income.

This article presents statistics on physician income for 1992 and discusses trends in earnings over the period 1982 to 1992. Results are presented in most cases for nine specialty and nine geographic area breakouts. Special attention is given to comparing 1992 with 1991, since 1992 was the year the Medi-

The author is Director, Office of Socioeconomic Research Information in the American Medical Association Center for Health Policy Research.

Table 1. **Median Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**

	Median Net Income			Average Annual Percent Change	
	1982	1992 Nominal	1992 Real[a]	Nominal	Real
All physicians[b]	$82	$148	$102	6.1%	2.2%
Specialty					
General/family practice	63	100	69	4.7	0.9
Internal medicine	75	130	89	5.7	1.8
Surgery	110	207	142	6.5	2.6
Pediatrics	62	112	77	6.1	2.2
Obstetrics/gynecology	107	190	131	5.9	2.0
Radiology	120	240	165	7.2	3.2
Psychiatry	68	120	83	5.8	2.0
Anesthesiology	120	220	151	6.2	2.3
Pathology	89	170	117	6.7	2.8
Census Division					
New England	71	140	96	7.0	3.1
Middle Atlantic	75	140	96	6.4	2.5
East North Central	90	149	102	5.2	1.3
West North Central	90	154	106	5.5	1.6
South Atlantic	80	145	100	6.1	2.2
East South Central	90	140	96	4.5	0.7
West South Central	100	160	110	4.8	1.0
Mountain	81	128	88	4.7	0.8
Pacific	80	150	103	6.5	2.6

Source: See text of article.
a.In 1982 dollars.
b.Includes physicians in specialties not listed separately.

care Fee Schedule began to be phased in. Factors that one should consider along with physician income are also listed.

A "physician" is defined here as a nonfederal MD involved at least 20 hours per week in patient care activities. Both office-based and hospital-based physicians are included; however, residents, clinical fellows, and physicians whose primary activities are research or administration are excluded. Nonmembers of the American Medical Association (AMA) are included as well as AMA member physicians.

Physician net income, or earnings, is defined as net income after expenses but before taxes. Income comprises all earnings from medical practice, including fees, salaries, retainers, bonuses, and contributions into deferred compensation programs. Note that any income from nonpatient care activities—such as investment income from the ownership of health care facilities—is excluded in this analysis.

The 1982 and 1992 income data used in this report are drawn from the 1983 and 1993 Socioeconomic Monitoring System (SMS) core surveys. The results have been weighted to adjust for survey nonresponse bias to improve the accuracy of estimates of income for the physician population. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail. Adjustments to income for the effects of inflation since 1982 were made using the All Items Consumer Price Index for urban consumers, released by the U.S. Bureau of Labor Statistics. An appendix to this article describes the methods used in making these adjustments.

Trends in Nominal and Real Earnings

Two measures of central tendency are often used to describe income. The *mean* is simply the average, calculated by dividing the sum of incomes by the number of persons with incomes. The *median* is the income level both below and above which lie half of all incomes; for this reason, the median is also called the 50th percentile. Whereas the mean is the average income, the median may be thought of as representing the income of the typical physician.

Incomes of physicians, as is the case with other occupations, are not distributed according to a symmetrical "bell-shaped" curve. A small number of very high values gives the distribution a long "right hand tail," causing the mean to exceed the median and resulting in the seemingly paradoxical result that the typical physician earns less than the average income. There is no actual paradox, but it does point out that each statistic describes a feature of the distribution that the other does not. The focus of this article is what has been happening to the typical physician, and so the emphasis is on the median.

Figure 1 shows that substantial year-to-year variations in real and nominal median income growth were experienced by the typical physician in the last decade. "Nominal" income is income unadjusted for inflation. "Real" income represents adjustment for inflation. After three years of ever-rising growth in the late 1980s, income increases dropped to about 4% for two years, followed by increases averaging almost 7% in the two most recent years. While nominal income growth fell slightly in 1992 compared with 1991, real income growth was slightly greater because inflation subsided in 1992.[1]

Table 1 presents median net income data for 1982 and 1992. Average annual percentage increases in median earnings are also reported. Real net income figures express physician earnings in terms of the purchasing power of a dollar in 1982. Median net income rose from $82,000 in 1982 to $148,000 in 1992. This increase works out to an average annual growth rate of 6.1%. After controlling for the effects of inflation over the period, physician earnings increased at an annual rate of 2.2%, or to $102,000 in 1982 dollars.

Specialty and geographic variations in the level and growth of physician earnings are also shown in Table 1. Highlights include:

- Earnings obviously vary a great deal across specialties. Nominal earnings in 1992 were lowest for the primary care specialties of general/family practice ($100,000) and pediatrics ($112,000).
- Nominal earnings were highest in 1992 for radiology and anesthesiology—$240,000 and $220,000, respectively.
- Between 1982 and 1992 average annual growth in nominal income ranged from 4.7% for general/family practice to 7.2% for radiology.
- Inflation averaged 3.8% from 1982 to 1992. The effect of inflation is neutral with respect to specialty; growth in real income ranged from 0.9% for general/family practice to 3.2% for radiology.
- Earnings vary less across geographic areas than they do among specialties. Nominal income for 1992 was lowest in the Northeast and East South Central states; it was highest in the West South Central area. (See appendix D in *Socioeconomic Characteristics of Medical Practice 1994* for a list of states that each region comprises.)
- Incomes in the New England and Middle Atlantic areas grew faster than average, even though they were lowest in absolute terms in 1992. Growth was also high in the Pacific region. Growth was below average for physicians in the Central and Mountain states.

The observations made here concerning specialties are limited in that only nine specialty groups are presented. Many subspecialties exist, particularly under the surgery and internal medicine aggregates. Incomes for subspecialties can differ substantially from those for the aggregated specialty under which they are reported here.[2]

As a real income growth comparison, median family income in the United States, adjusted for inflation, grew at an annual rate of 0.8% during the

1. The pattern of changes over time suggests that income growth may be subject to cyclical forces, but analysis of these forces goes beyond the descriptive nature of this article.

2. The book *Physician Marketplace Statistics 1993* presents 1992 income statistics for 18 specialty categories. In addition to those presented here, that volume reports general internal medicine, cardiovascular diseases, other internal medicine, general surgery, otolaryngology, orthopedic surgery, ophthalmology, urological surgery, other surgery, emergency medicine, and other specialties. See Gonzalez (1993).

Table 2. **Distribution of Physician Net Income (in thousands of dollars) after Expenses before Taxes, by Specialty and Census Division, 1992**

	25th Percentile	Median	75th Percentile	Mean	Standard Error of the Mean
All physicians[b]	$100	$148	$223	$123	$177.4
Specialty					
General/family practice	73	100	134	61	111.8
Internal medicine	94	130	200	106	159.3
Surgery	139	207	300	161	244.6
Pediatrics	80	112	154	74	121.7
Obstetrics/gynecology	120	190	287	167	215.1
Radiology	160	240	310	150	253.3
Psychiatry	89	120	150	61	130.7
Anesthesiology	166	220	280	114	228.5
Pathology	112	170	240	128	189.8
Census Division					
New England	95	140	200	105	169.6
Middle Atlantic	92	140	212	120	168.6
East North Central	98	149	236	138	183.3
West North Central	105	154	217	112	183.9
South Atlantic	100	145	225	125	180.3
East South Central	98	140	222	124	175.1
West South Central	110	160	250	140	190.5
Mountain	93	128	228	135	172.1
Pacific	96	150	230	134	173.5

Source: See text of article.
a. 75th percentile minus 25th percentile.
b. Includes physicians in specialties not listed separately.

period 1982 to 1992 (U.S. Department of Commerce 1993).

Distribution

Although median net income from medical practice is the single statistic that best represents the "typical" physician's earnings, another picture of earnings emerges by examination of quartiles, i.e., the 25th and 75th percentiles. Table 2 reports this information in the first four columns. Highlights include:

- One-fourth of all physicians netted less than $100,000 in 1992. A quarter of general/family practitioners made less than $73,000, and one in four pediatricians earned under $80,000.
- At the other end of the earnings distribution were radiology and surgery. The top quarter of radiologists had net incomes of $310,000 or more, while the upper fourth of surgeons earned at least $300,000.
- Dispersion in earnings is measured as the difference between earnings at the 75th percentile and earnings at the 25th percentile. Among all physicians dispersion was $123,000. Earnings of lower-paid specialties are less disperse than those of higher-paid specialties.
- Even within a specialty dispersion is considerable—roughly a two-fold difference between the 25th and 75th percentiles.
- No clear pattern is apparent in the dispersion of earnings across census divisions. Most likely, dispersion in a region reflects the mix of specialties in that region.
- Comparison of the mean with the median income confirms that a majority of physicians earn less than the average income. Although mean net income was $177,400, half of all physicians earned less than $148,000. A similar relationship holds for every specialty and census division.

Table 3. **Change in Mean and Median Physician Net Income, 1991-1992**

	Percent Change 1991-1992		Coefficient of Variation[a]		Percent of Revenue from Medicare, 1992
	Mean	Median	1991	1992	
All Physicians[b]	4.0%	6.5%	74.0	71.4	26.7%
Specialty					
General/family practice	0.3	2.0	84.2	91.5	23.9
Internal medicine	6.5	4.0	70.0	70.1	40.0
Surgery	4.6	3.5	73.1	67.5	34.4
Pediatrics	2.0	6.7	48.9	40.0	0.5
Obstetrics/Gynecology	–3.0	–5.0	61.2	60.0	6.8
Radiology	10.2	7.6	49.7	50.3	32.6
Psychiatry	2.4	9.1	56.2	53.5	13.1
Anesthesiology	3.3	4.8	38.8	38.5	25.0
Pathology	–4.0	11.1	79.4	55.4	29.8

Source: See text of article.
[a] Standard deviation divided by the mean, multiplied by 100.
[b] Includes physicians in specialties not listed separately.

The Role of Medicare

The year 1992 was expected to have special implications for physician income. That was the year in which the Medicare Fee Schedule began to be phased in. The Medicare Fee Schedule is based on a resource-based relative value scale, or RBRVS. Among other effects, the RBRVS aspect of the fee schedule was intended to cut (or at least reduce the rate of growth in) payments for surgeries and other procedure-oriented services, while increasing payments for evaluation and management services. Accordingly, it was expected that incomes of primary care physicians would rise while those involved mostly with nonprimary care would fall (relative to baseline growth if not in absolute terms). The legislation enacting the Medicare Fee Schedule also standardized payments across localities and tightened restrictions on balance billing. These changes might be expected to reduce the variation in incomes.[3] The strength of both the "RBRVS," "payment standardization," and "balance billing" effects should be related to the relative importance of Medicare to a specialty.

Table 3 presents statistics to partially assess whether these expectations were borne out. Highlights include:

- Mean income for all physicians increased less than did median income (4.0% *vs.* 6.5%) in 1992. This suggests a reduction in the number of very-high earners. It is not possible to attribute this result solely to changes in Medicare balance billing limits, but at least the result is consistent with expectations.
- A comparison of the third and fourth columns of Table 3 for all physicians indicates that the coefficient of variation (a measure of relative variation) was lower in 1992 than it was in 1991.[4] This lends further support to the "payment standardization" and "balance billing" hypotheses.
- Results are mixed with respect to the RBRVS effect. Earnings of general/family practitioners rose less than average in 1992, although the variation in their earnings increased from the previous year. General/family practitioners, however, had a lower-than-average percentage of income from Medicare, as indicated in the last column of Table 3.

3. Under the Medicare Fee Schedule, payments vary according to the Geographic Practice Cost Index and several other payment standardization rules; it is expected that these adjustments would produce less variation across localities than under the former "customary, prevailing, and reasonable" methodology, since the latter tended to perpetuate historical discrepancies. The effect of balance billing restrictions is less certain. If high incomes had been significantly due to substantial balance billing, then restrictions should reduce dispersion. Balance billing restrictions might also drive Medicare nonparticipants into participation. The tradeoff with such a move might mean less income from balance billing but more from Medicare payments (since participants are paid about 5% more than nonparticipants), with an ambiguous net effect on income.

4. The coefficient of variation expresses the magnitude of the variation relative to the size of whatever is being measured. It is defined as the standard deviation divided by the mean, multiplied by 100.

- Internists' mean income rose more than average. This and the fact that their percentage of income from Medicare is very high tend to support the RBRVS hypothesis. Median income growth, on the other hand, was lower than average.
- Results for surgeons tend to support both hypotheses: median income grew less than average and the distribution of incomes tightened somewhat in 1992.
- Radiology is the specialty for which results run most counter to what might have been expected. Income growth was higher than average for radiologists, even though Medicare accounts for nearly a third of their practice revenues. Perhaps the non-Medicare side of radiologists' practices grew fast enough to more than offset the Medicare effects: recall from Table 1 that radiologists' incomes were the fastest growing among all specialties in the previous decade.[5]
- Pathology merits special mention. Median income rose 11%—highest of all specialties—while the mean fell 4%. The decrease in the mean and the reduction in the coefficient of variation are mostly due to the presence of one extremely large outlier value in the 1991 survey sample.[6]
- The net income reduction experienced by obstetrics/gynecology probably has little to do with Medicare, since this specialty receives less than 8% of its revenue from that source.

Changes in the Medicare program discussed above only began in 1992. They are not scheduled to be fully phased in until 1996. Hence, 1992 might have been too early to observe some of the anticipated effects. Another confounding factor is that the changes only directly affected fees, and behavioral responses of physicians and patients—not to mention other developments in the physician service market—may have acted to mute the expected RBRVS and balance billing effects. Finally, physicians might have taken steps to reduce growth in expenses in response to fee cuts.

5. Radiology services had a special transition rule that lessened the impact of the Medicare Fee Schedule in the first year (1992).

6. The highest income for 1991 was more than five times higher than the median and more than twice as high as the next highest value. Dropping the highest value reduces the mean by about $10,000, while replacing it with the second highest value reduces the mean by about $6,000.

Physician Earnings in Context

Physician income remains high in comparison with that of many other occupations. There is no single explanation for why this is the case. Following are a few factors that should be considered:

- The work involved in the practice of medicine is different than that of other professions. Physicians work under a great deal of stress, spend many hours on call, and often face life-threatening medical problems. Although doctors have the best interests of their patients at heart, these undesirable aspects of the profession would not be undertaken without at least some expectation of appropriate economic remuneration.
- Physicians do not begin practicing until later in life than persons in other professions. In 1992, the average age of a medical school graduate was 28. Counting post graduate education, many physicians are in their early thirties before beginning to practice.
- Most physicians incur high educational debt by the time they begin to practice. About 80.5% of 1992 graduates reported some level of debt, with the average for those with indebtedness amounting to $55,859 (Krakower et al. 1993).
- Physicians work longer hours than is typical in the labor force. The average number of hours spent in patient care activities per week by physicians was 58.9 in 1992, about 47% in excess of the typical 40-hour week.
- Averages across all physicians mask the experiences of particular specialties. A case in point is pediatricians. They are among the highest in time spent seeing patients in their offices. Pediatricians are also one of the lowest in terms of earnings.
- Residencies can last a long time—up to eight years. Furthermore, the pay is low; the median stipend for 1992-1993 is about $32,000. This presents a bleak prospect to a resident working 80 to 100 hours weeks.
- The rate of change in physician income is largely due to growth in prices for physician services. For technical reasons prices of physician services tend to rise faster than inflation as measured by changes in the CPI.[7]

Table 4. **Consumer Price Index, 1970 to 1992**[a]

Year	CPI	Percent Change	Year	CPI	Percent Change
1970	38.8	–	1982	96.5	6.2%
1971	40.5	4.4%	1983	99.6	3.2
1972	41.8	3.2	1984	103.9	4.3
1973	44.4	6.2	1985	107.6	3.6
1974	49.3	11.0	1986	109.6	1.9
1975	53.8	9.1	1987	113.6	3.6
1976	56.9	5.8	1988	118.3	4.1
1977	60.6	6.5	1989	124.0	4.8
1978	65.2	7.6	1990	130.7	5.4
1979	72.6	11.3	1991	136.2	4.2
1980	82.4	13.5	1992	140.3	3.0
1981	90.9	10.3			

Source: U.S. Bureau of Labor Statistics, All Items Consumer Price Index for all urban consumers.
a. Base year 1982-84=100.

Summary and Conclusions

Median physician earnings rose 6.5% in 1992, or 3.4% when adjusted for inflation. The real increase was the highest since 1988. Earnings growth between 1982 and 1992 averaged 6.1%, or 2.2% in real terms.

The rate of earnings growth varied considerably across specialties between 1982 and 1992. General/family practice experienced the lowest earnings growth, while radiology had the highest growth. Earnings were less variable across regions than across specialties. Income grew fastest for physicians in the Northeast and Pacific states and slowest for the regions between the coasts.

A majority of physicians earned less than the mean net income of $177,400 in 1992. One-half earned less than $148,000 and one-fourth made under $100,000. Among the specialties reported separately, general/family practice had the lowest incomes statistics, while radiologists had the highest.

Some changes in the distribution of income across specialties were anticipated in 1992 due to programmatic developments in Medicare. Overall, there was a reduction in the prevalence of physicians in the upper tail of the earnings distribution. Some primary care specialties benefitted in the form of higher-than-average income increases; some nonprimary care specialties experienced relative if not absolute income declines.

One needs to take into account such mitigating factors as length of education and training, level of educational debt, and the amount and stressfulness of hours worked when comparing the incomes of physicians with those of other occupations.

Appendix

In the preceding article, 1992 nominal net income is converted to real net income to control for the effects of inflation that occurred during the period 1982 to 1992. Real income is expressed in terms of the purchasing power of a dollar in 1982. It is also possible to express real income in terms of the purchasing power of a dollar in any other year, using CPI information from Table 4.

The basic formula for converting dollars in one year to a number that expresses their purchasing power in another year is as follows:

7. The CPI is made up of roughly equal parts of commodities and services. Labor-saving productivity improvements tend to hold down increases in commodity prices. This factor is not present in the case of services which, by their very nature, are labor intensive. The presence of a large proportion of commodities in the CPI thereby restrains its rate of growth in relation to services—including physician services—over the long run. See Baumol (1993).

Real dollars in year i = CPI_i/CPI_j x nominal dollars in year j

where CPI_i = the Consumer Price Index for the year in which the real dollars will be expressed (year i), and CPI_j = the Consumer Price Index for the year in which the nominal dollars will be expressed (year j).

For example, the following formula was used to convert 1992 nominal median income to real income in 1982 dollars in Table 1:

Real income in year 1992 = CPI_{1982}/CPI_{1992} x nominal income in year 1992

= (96.5)/(140.3) x $148,000

= $102,000.

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Medical Professional Liability Claims and Premiums, 1985–1992

By Martin L. Gonzalez

Medical professional liability continues to impact physicians and their practices. In this article, trends in claim frequency and cost of insurance premiums are examined using data derived from American Medical Association sources. Over the last few years, physicians' liability experiences appear to have moderated in measures of professional liability claim frequency as well as in average premiums. However, more recent trends since 1987 hint at an upturn in physician claims rates. For example:

- The average annual rate of professional liability claims increased from 8.2 per 100 physicians in 1991 to 8.9 per 100 in 1992. However, the increase was not statistically significant. Still, since 1987 the claims rate has increased steadily (a statistically significant finding).
- The percentage of physicians sued increased slightly from 7.5% in 1991 to 7.7% in 1992. However, the increase was not statistically significant. Still, the percentage of physicians sued has increased since 1987 (a statistically significant finding).
- Average professional liability premiums declined from $14,900 in 1991 to $13,500 in 1992. However, the decline was not statistically significant.

Trends from the physician liability insurance industry are mixed. Increasing frequency, severity, and loss ratios (total premiums divided by malpractice-settlement payments) reported by some insurance companies indicate that premiums may be going up in the future. However, St. Paul Fire and Marine Insurance Company, the nation's largest commercial carrier, reports no rise in frequency in 1992. The company did not increase premiums in 1993. However, physicians covered by St. Paul may not be representative of all physicians practicing in the U.S. (McCormick 1993).

The information included in this article is derived from 1983 to 1993 AMA Socioeconomic Monitoring System (SMS) core surveys of nonfederal patient care physicians, excluding residents. Information reported by respondents to the surveys was weighted to correct for survey nonresponse in order to provide a more accurate estimate of the experience of the entire physician population. Appendices to *Socioeconomic Characteristics of Medical Practice 1994* describe the SMS survey, weighting, and tabulation methods in detail.

Trends in Professional Liability Claims

Claim frequency for all physicians was 8.9 claims per 100 physicians in 1992, as compared with 8.2 per 100 in 1991 as shown in Table 1. While the claims rate did increase between 1991 and 1992, that increase was not statistically significant.

In general, the results indicate a leveling off in the claims rate in contrast to the increases of the early- and mid-1980s. Since 1985, the overall claims rate has declined at an average annual rate of 1.9%.

The author is a Senior Research Associate in the American Medical Association Center for Health Policy Research.

Table 1. **Annual Professional Liability Claims per 100 Physicians, by Specialty and Census Division, 1985–1992**

	1985	1986	1987	1988	1989	1990	1991	1992	Average Annual Rate of Change 1985–1992
All physicians	10.2	9.2	6.7[a]	6.4	7.4	7.7	8.2	8.9[b]	–1.9%[c]
Specialty									
General/family Practice	5.7	7.6	5.7	6.2	6.6	5.9	5.7	6.7	2.3
Internal medicine	6.2	5.5	4.5	4.3	5.9	6.2	5.5	7.3[b]	2.4
Surgery	16.8	15.8	12.7	10.2	11.2	11.5	14.0	15.6	–1.1
Pediatrics	7.2	6.8	4.5	2.7	5.4	9.7	6.4	6.9	–0.6
Obstetrics/gynecology	25.8	13.0[a]	8.0	15.1[a]	13.5	11.9	11.6	14.8[b]	–7.6[c]
Radiology	12.8	11.5	8.0	5.2	5.0	8.7	6.1	11.1	–2.0
Psychiatry	2.9	4.5	1.6	0.6	5.1[a]	2.4	4.9	2.4	–2.7
Anesthesiology	7.5	8.7	4.6	4.0	5.9	5.3	8.2	5.2	–5.1
Pathology	3.3	1.9	4.9	3.6	2.5	1.5	5.0	3.1	–0.9
Other	10.4	9.1	5.9	6.7	5.7	7.0	10.4	7.5	–4.6
Census Division									
New England	7.6	10.1	4.0	8.4	4.0	2.4	4.8	5.6	–4.3
Middle Atlantic	13.9	12.7	7.8	7.1	7.5	9.6	10.9	12.0[b]	–2.1
East North Central	13.2	10.1	10.5	7.5	10.8	9.5	6.7	9.1	–5.2[c]
West North Central	9.6	8.6	3.9	4.0	5.9	5.8	6.3	6.6	–5.2
South Atlantic	7.0	7.5	5.6	4.7	4.8	5.7	5.4	5.6	–3.1
East South Central	5.5	7.3	9.2	6.4	9.0	5.6	9.0	8.4	6.2
West South Central	12.4	8.6	6.3	10.4	10.7	11.4	12.1	12.7[b]	0.3
Mountain	6.2	9.0	4.1	5.0	5.6	8.8	8.8	5.5	–1.7
Pacific	9.3	7.5	5.4	4.4	6.1	7.0	9.5	10.3[b]	1.5

Source: See text of article.
a. Change from previous year statistically significant at p=.05.
b. 1987-1992 change statistically significant at p=.05.
c. 1985-1992 change statistically significant at p=.05.

However, the 1992 claims rate was the highest rate since 1986. In addition, physicians experienced a statistically significant increase in the claims rate during the period 1987-1992.

Only obstetricians/gynecologists and physicians in the East North Central census division experienced statistically significant declines since 1985. Although the claims rate has dropped for obstetricians/gynecologists, these specialists continue to have the highest rate among the specialists listed. In addition, since 1987 these specialists experienced a statistically significant increase in their claims rate.

The incidence of liability claims is not confined to a small proportion of the physician population. As Table 2 indicates, 40.0% of all physicians have incurred at least one claim during their careers. Over two-thirds of all obstetrician/gynecologists (69.7%) have incurred at least one claim. Across census divisions, physicians in the Pacific states (45.9%) report the highest career percentage.

In 1992, 7.7% of all physicians incurred a claim. Surgeons were most likely to be sued: 12.5% of these specialists incurred a claim in 1992, the highest among the specialties listed. Across census divisions, physicians in the West South Central region (10.1%) were most likely to have incurred a claim in 1992.

Trends in Professional Liability Premiums

Average professional liability insurance premiums, as reported here, embody coverage limits of insurance purchased as well as the price of insurance at those limits. Average premiums paid by self-em-

Table 2. **Percent of Physicians Incurring Professional Liability Claims, 1985-1992 and in Career, by Specialty and Census Division**

	Percent Incurring Claims Annually								Average Annual Rate of Change 1985–1992	Percent Incurring Claims in Career as of 1992
	1985	1986	1987	1988	1989	1990	1991	1992		
All physicians	8.5%	7.6%	6.0%[a]	5.8%	6.6%	6.6%	7.5%	7.7%[b]	–1.4%	40.0%
Specialty										
General/family practice	5.5	6.3	5.1	5.7	4.9	5.0	5.0	6.1	1.5	39.9
Internal medicine	5.4	4.8	4.3	3.8	5.5	5.6	5.5	6.5	2.7	32.1
Surgery	13.6	12.3	11.0	8.8	9.9	9.6	12.1	12.5	–1.2[c]	54.7
Pediatrics	6.6	5.7	3.9	3.5	5.4	7.9	6.0	6.2	–0.9	28.8
Obstetrics/gynecology	20.0	10.9[a]	6.7	14.1[a]	13.2	9.3	11.1	10.9	–9.3[c]	69.7
Radiology	11.2	10.5	6.5	4.3	5.0	8.3	5.7	10.9[a]	–0.4	41.1
Psychiatry	2.9	4.1	1.6	0.6	4.4[a]	2.0	4.2	2.4	–2.7	17.6
Anesthesiology	7.5	8.2	4.2	4.0	5.9	5.3	7.9	5.2	–5.1	33.3
Pathology	3.3	1.9	4.9	3.6	2.5	1.5	5.0	2.6	–3.3	22.5
Other	7.5	7.4	5.7	6.4	5.3	6.4	8.6	7.2	–0.6	42.4
Census Division										
New England	7.2	9.5	4.0[a]	7.4	2.9[a]	2.4	4.5	4.6	–6.2	28.9
Middle Atlantic	11.5	9.7	6.5[a]	6.5	7.4	8.4	10.3	10.0	–2.0	43.8
East North Central	10.6	8.3	8.9	6.4	9.3[a]	8.6	5.3	7.5	–4.8[c]	41.1
West North Central	7.2	7.8	3.5[a]	4.0	5.6	5.2	5.9	6.0	–2.6	43.8
South Atlantic	6.3	6.2	5.2	4.5	4.6	4.8	4.6	5.3	–2.4	33.8
East South Central	4.5	5.9	7.8	6.4	7.6	5.2	9.0	8.0	8.6	38.3
West South Central	10.4	7.8	6.1	8.7	9.6	9.5	10.1	10.1	–0.4	42.2
Mountain	5.2	7.5	4.1	4.6	5.6	6.2	8.1	4.5	–2.0	31.8
Pacific	8.0	6.2	5.2	4.1	5.3	5.9	9.2	9.4	2.3	45.9

Source: See text of article.
a. Change from previous year statistically significant at p=.05.
b. 1987-1992 change statistically significant at p=.05.
c. 1985-1992 change statistically significant at p=.05.

ployed physicians from 1982 to 1992 are shown in Table 3. Premiums rose at an 8.8% annual rate during this period, increasing from $5,800 in 1982 to $13,500 in 1992. In contrast, the average annualized rate of inflation was 3.8% and total practice revenues increased by 7.5% annually over the same period. Premiums as a percent of total practice revenues decreased from 4.2% in 1991 to 3.5% in 1992. Still, the 1992 figure is above the 1982 figure of 3.1%.

Table 4 presents detailed information on professional liability insurance premiums paid by self-employed physicians between 1985 and 1992. Average professional liability premiums appeared to have moderated since 1988. The average premium in 1992 was $13,500. This marks the fourth consecutive year in which premiums have leveled off (in three of the last four years premiums declined, but the year-to-year changes were not statistically significant) after the increases observed through 1988.

Among specialties, there is some variation in premiums paid. Specialists in obstetrics/gynecology paid, on average, the highest professional liability insurance premiums in 1992 ($33,500) while psychiatrists paid the lowest ($4,300). Premiums were up significantly over 1985, with average annual increases ranging from 2.5% for general/family practice to 9.6% for pathology. Premiums for anesthesiologists declined during the period 1985 to 1992, but the decline was not statistically significant. Variations by specialty tend to reflect differences in claims rates. The correspondence, however, is not complete since premiums are affected by the sever-

Table 3. **Average Professional Liability Premiums Paid and Total Practice Revenues of Self-Employed Physicians, 1985–1992**

	Insurance Premiums Paid[a]	Total Practice Revenues[a]	Premiums as a Percent of Revenues
1982	$5.8	$186.0	3.1%
1983	6.9	199.3	3.5
1984	8.4	212.2	4.0
1985	10.5	226.8	4.6
1986	12.8	249.5	5.1
1987	15.0	269.9	5.6
1988	15.9	300.7	5.3
1989	15.5	323.7	4.8
1990	14.5	332.4	4.7
1991	14.9	356.8	4.2
1992	13.5	382.9	3.5
1992 net of inflation[b]	9.3	264.2	3.5
Average annual percent increase			
1982-1991	8.8%	7.5%	–
1982-1991 net of inflation[b]	4.8	3.6	–

Source: See text of article.
a. In thousands of dollars.
b. In 1982 dollars.

Table 4. **Average Professional Liability Premiums Paid (in thousands of dollars) by Self-Employed Physicians, 1985-1992**

	1985	1986	1987	1988	1989	1990	1991	1992	Average Annual Rate of Change 1985–1992
All physicians	$10.5	$12.8[a]	$15.0[a]	$15.9	$15.5	$14.5	$14.9	$13.5	3.7%[b]
Specialty									
General/family practice	6.8	7.3	8.9	9.4	9.0	7.8	8.1	8.1	2.5[b]
Internal medicine	5.8	7.1[a]	8.4[a]	9.0	8.2	9.2	8.0	8.5	5.6[b]
Surgery	16.6	21.3[a]	24.5[a]	26.5	25.8	22.8	22.5	20.6	3.1[b]
Pediatrics	4.7	6.3[a]	7.1	9.3	7.8	7.8	8.4	7.8	7.5[b]
Obstetrics/gynecology	23.5	29.3[a]	35.3[a]	35.3	37.0	34.3	34.9	33.5	5.2[b]
Radiology	8.9	10.4	9.5	12.9[a]	13.3	11.5	21.4	10.0	1.7
Psychiatry	2.5	3.4[a]	3.8	4.4	6.3	4.5	4.8	4.3	8.1[b]
Anesthesiology	17.9	20.5[a]	22.9	23.6	21.7	20.8	23.7	17.2	–0.6
Pathology	3.1	4.4[a]	6.2[a]	4.9	5.5	7.7	5.9	5.9	9.6[b]
Other	6.0	8.5[a]	8.4	8.5	9.3	9.5	9.3	8.3	4.7[b]

Source: See text of article.
a. Change from previous year statistically significant at p=.05.
b. Total 1985-1992 change statistically significant at p=.05.

Table 5. **Average Professional Liability Premiums Paid and Coverage Limits per Self-Employed Physician, 1992**

	Premiums Paid	Total Coverage Limits	Coverage Limits per Case
	In Thousands	In Millions	
All physicians	$13.5	$2.8	$1.1
Specialty			
General/family practice	8.1	2.7	0.9
Internal medicine	8.5	2.7	1.2
Surgery	20.6	2.6	1.0
Pediatrics	7.8	3.6	1.1
Obstetrics/gynecology	33.5	2.6	1.0
Radiology	10.0	3.4	1.5
Psychiatry	4.3	2.6	1.0
Anesthesiology	17.2	3.0	1.4
Pathology	5.9	2.6	1.2
Other	8.3	2.7	1.1

Source: See text of article.

ity of claims, coverage limits, and other factors in addition to claims rates.

Table 5 shows 1992 average premium levels and the coverage limits (total and per case) by specialty. The coverage limits are in millions of dollars. There was relatively little variation in coverage limits per case across specialties. Per case limits ranged from $0.9 to $1.5 million. Total coverage limits ranged from $2.6 to $3.6 million. Pediatricians, who pay below average premiums, had an average total coverage limit of $3.6 million. In comparison, obstetricians/gynecologists paid the highest premiums on average but had total coverage limits of just $2.6 million.

Premiums also varied by geographical area, type of practice, location, and physician age. Tables 43-44, located in the Detailed Statistics section of *Socioeconomic Characteristics of Medical Practice 1994*, provide full breakdowns by these variables.

References

McCormick, Brian. 1993. Liability premiums going up; unclear how many, how high. *American Medical News*, December 6, 1.

Detailed Statistics

Weeks and Hours of Practice
Utilization of Physician Services
Hospital Utilization by Physicians
Fees for Physician Visits
Professional Expenses of Physicians
Physician Net Income after Expenses before Taxes

Weeks and Hours of Practice

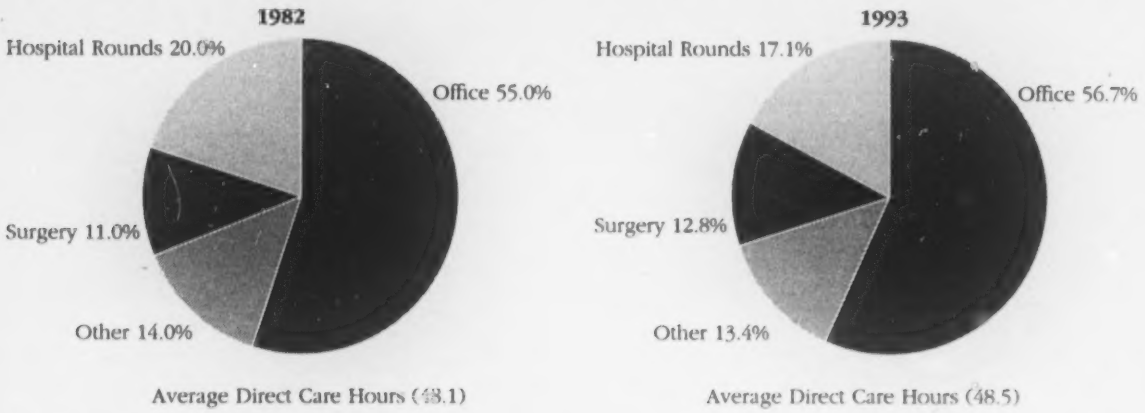
The time spent in practice by physicians is measured in weeks per year and hours per week. Three measures of total hours in practice can be distinguished. Total professional hours combines hours in patient care with those in other professional activities, such as teaching, research, and administration. Hours in patient care activities excludes other professional hours. Direct patient care hours includes only time spent directly seeing patients; time spent in patient-related activities, such as interpreting tests and telephone contacts with patients and their families, is excluded. Direct patient care hours are allocated by activity into hours spent seeing patients in the office, on hospital rounds, in surgery (operating and delivery rooms), and in other settings.

Figure 1 indicates that average weeks of practice per year was relatively stable from 1982 to 1992. Figure 2 indicates that hours per week and the allocation of direct patient care hours by activity were relatively stable from 1982–1993. Significant variations in average direct patient care hours and their allocation in 1993 by specialty are shown in Figure 3.

Figure 1. **Average Weeks and Hours per Week of Practice for All Physicians, 1982-1992**

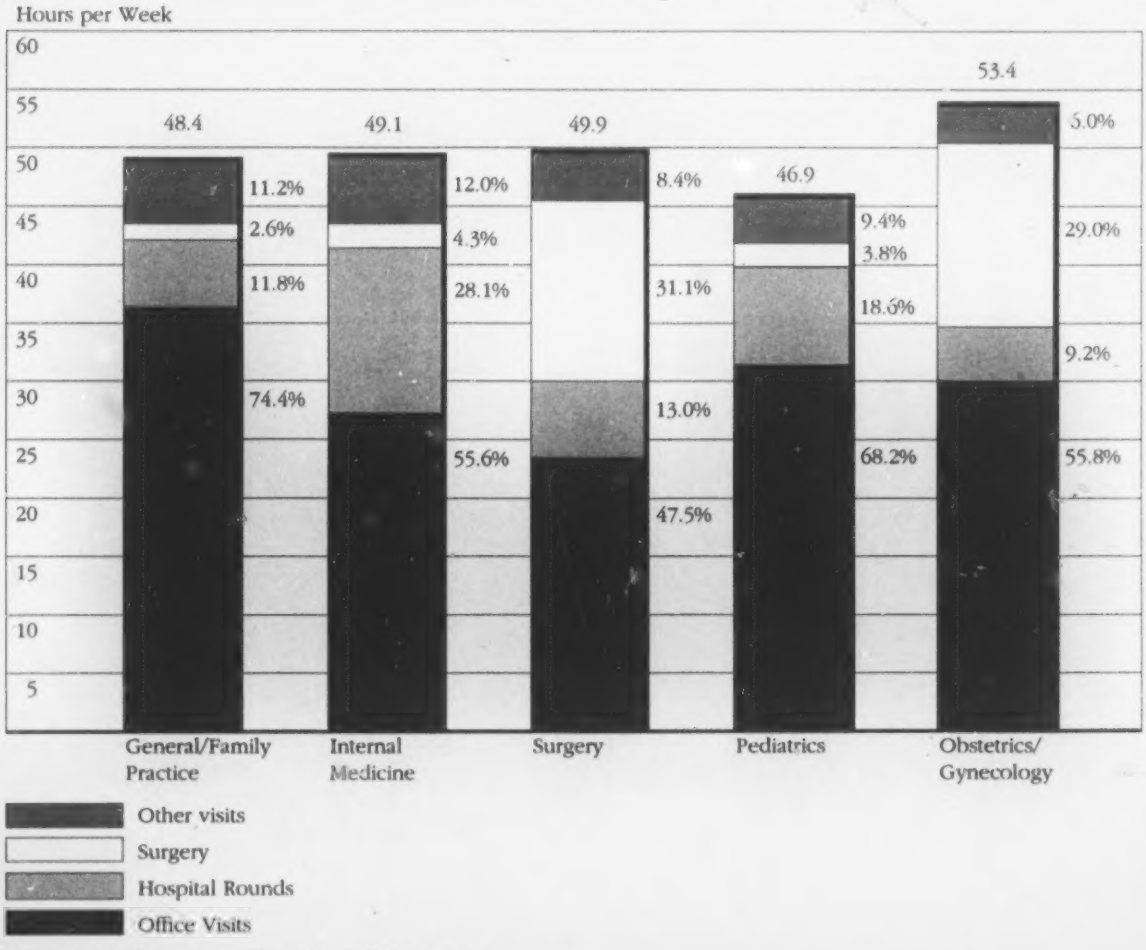
Source: AMA Socioeconomic Monitoring System 1982–1993 core surveys.

Figure 2. **Distribution of Average Direct Patient Care Hours per Week for All Physicians, 1982 and 1993[a]**



Source: AMA Socioeconomic Monitoring System 1982 and 1993 core surveys.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 3. **Distribution of Average Direct Patient Care Hours per Week, by Specialty, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Table 1. **Mean Number of Weeks Practiced, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	47.0	48.0	47.6	46.7	47.0	47.1	44.6	47.7	45.1	47.2
Census Division										
New England	47.1	·	48.2	45.1	47.0	·	46.4	47.6	·	·
Middle Atlantic	46.9	47.8	47.3	47.3	46.2	46.3	46.1	47.6	44.8	·
East North Central	46.6	47.9	47.2	46.5	46.2	45.2	44.4	47.6	46.1	46.9
West North Central	46.8	47.5	47.3	46.3	·	47.2	·	·	·	·
South Atlantic	47.3	48.3	47.9	46.3	48.2	47.6	45.4	48.5	45.8	·
East South Central	47.5	48.8	47.5	47.8	·	·	·	·	·	·
West South Central	47.3	48.2	48.4	46.4	48.6	48.9	40.7	·	45.7	49.1
Mountain	46.4	47.0	47.3	46.4	·	·	·	·	·	·
Pacific	47.1	48.0	47.7	47.3	46.3	47.9	44.6	46.8	44.5	46.1
Type of Practice										
Solo	48.4	49.0	48.7	48.0	49.4	48.3	·	48.0	46.8	·
Non-solo	46.4	47.4	47.1	45.8	46.1	46.3	44.3	47.3	44.7	47.1
Location										
Nonmetropolitan	47.3	47.6	47.6	47.2	·	·	·	·	·	·
Metropolitan—										
Less than 1,000,000	47.0	47.9	47.6	46.4	47.4	47.2	43.6	47.7	45.1	47.7
1,000,000 and over	47.1	48.3	47.6	46.8	46.6	46.9	45.6	47.7	45.2	46.7
Employment Status										
Self-employed	47.7	48.7	48.3	47.4	48.4	47.7	45.1	47.9	46.0	46.6
Non-self-employed[c]	45.8	46.7	46.5	43.9	45.0	45.4	43.9	47.2	43.6	47.5
Employee	45.8	46.6	46.4	43.8	44.8	45.2	44.9	47.6	43.8	47.6
Independent contractor	45.7	47.2	·	·	·	·	39.5	·	·	47.1
Physician Age										
Less than 36 years	44.0	45.4	45.4	41.7	43.6	42.6	42.4	45.2	42.9	·
Less than 40 years	45.8	46.7	47.0	45.0	45.3	45.0	44.1	46.4	43.8	46.4
36-45 years	47.5	48.1	48.0	47.3	47.5	47.8	45.1	47.5	45.5	47.5
46-55 years	47.5	48.2	48.1	47.2	48.2	48.1	45.2	48.2	45.9	46.5
56-65 years	47.7	49.0	48.1	47.1	47.9	47.2	46.5	47.9	46.3	47.2
66 or more years	47.5	48.6	47.8	47.6	48.6	·	·	48.1	·	·

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 1 (continued). **Standard Error of the Mean Number of Weeks Practiced, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.08	0.20	0.18	0.18	0.32	0.30	0.35	0.24	0.32	0.26
Census Division										
New England	0.23	.	0.25	0.93	0.40	.	0.48	0.40	.	.
Middle Atlantic	0.20	0.54	0.45	0.34	1.05	0.82	0.67	0.32	0.91	.
East North Central	0.23	0.47	0.37	0.50	1.04	1.06	0.62	1.01	0.43	1.06
West North Central	0.30	0.57	0.74	0.89	.	0.45	.	.	.	.
South Atlantic	0.19	0.63	0.45	0.52	0.50	0.45	0.46	0.21	0.60	.
East South Central	0.32	0.67	1.31	0.29	.	.	.	.	.	.
West South Central	0.31	0.64	0.44	0.73	0.45	0.32	2.27	.	1.25	0.60
Mountain	0.44	1.33	0.57	0.79	.	.	.	.	.	.
Pacific	0.16	0.35	0.41	0.28	0.65	0.77	0.63	0.89	0.73	0.49
Type of Practice										
Solo	0.09	0.22	0.22	0.17	0.19	0.37	.	0.24	0.49	.
Non-solo	0.11	0.29	0.24	0.27	0.41	0.42	0.36	0.41	0.38	0.27
Location										
Nonmetropolitan	0.28	0.52	0.50	0.55	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	0.13	0.34	0.32	0.28	0.44	0.40	0.60	0.46	0.42	0.30
1,000,000 and over	0.11	0.27	0.22	0.27	0.48	0.48	0.38	0.28	0.49	0.44
Employment Status										
Self-employed	0.10	0.20	0.10	0.10	0.20	0.20	0.30	0.20	0.20	0.30
Non-self-employed[c]	0.20	0.50	0.40	0.70	0.70	1.00	0.80	0.50	0.80	0.40
Employee	0.20	0.50	0.50	0.70	0.70	1.00	0.50	0.30	0.80	0.50
Independent contractor	0.60	1.40	.	.	.	.	3.40	.	.	0.70
Physician Age										
Less than 36 years	0.40	1.10	1.10	1.20	1.40	1.90	1.30	1.60	1.40	.
Less than 40 years	0.20	0.60	0.50	0.60	0.80	0.90	0.60	0.80	0.70	0.80
36-45 years	0.10	0.30	0.20	0.20	0.30	0.20	0.40	0.50	0.30	0.30
46-55 years	0.10	0.30	0.20	0.20	0.20	0.30	0.30	0.20	0.40	0.40
56-65 years	0.10	0.20	0.20	0.20	0.40	0.30	0.60	0.30	0.40	0.40
66 or more years	0.40	0.50	0.70	0.60	0.80	.	.	0.50	.	.

Table 2. **Mean Number of Weeks Practiced per Year, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	46.6	47.6	47.5	47.1	47.1	47.1	46.8	47.0	47.0
Specialty									
General/Family Practice	46.9	48.5	48.3	47.7	47.9	48.1	47.3	47.7	48.0
Internal Medicine	46.7	47.8	47.9	47.4	47.3	47.1	47.1	47.3	47.6
Surgery	46.2	47.3	47.1	47.0	46.9	46.9	46.5	46.5	46.7
Pediatrics	47.2	48.0	47.8	47.4	47.2	47.4	47.2	47.6	47.0
Obstetrics/Gynecology	46.9	48.0	47.6	47.1	47.3	47.3	46.9	47.3	47.1
Radiology	46.2	45.4	45.6	45.2	45.3	45.1	44.8	45.0	44.6
Psychiatry	47.2	47.6	47.6	47.3	47.4	46.8	47.5	47.1	47.7
Anesthesiology	46.1	46.4	46.3	45.3	45.8	45.5	45.4	45.2	45.1
Pathology	46.9	47.4	47.4	47.2	47.0	47.3	46.5	46.3	47.2
Census Division									
New England	45.9	47.0	46.8	46.1	46.2	46.7	46.7	46.7	47.1
Middle Atlantic	46.7	47.7	47.2	47.1	47.0	47.1	46.9	46.8	46.9
East North Central	46.8	47.2	47.2	46.9	47.1	46.7	46.5	46.4	46.6
West North Central	46.4	47.3	47.5	46.9	46.6	46.6	46.3	46.7	46.8
South Atlantic	46.9	47.9	48.0	47.5	47.4	47.5	47.2	47.6	47.3
East South Central	47.8	48.2	48.1	47.4	47.0	47.4	47.3	47.5	47.5
West South Central	46.5	48.2	48.0	47.5	47.9	47.4	47.7	47.6	47.3
Mountain	46.1	47.7	47.3	46.8	47.1	47.4	46.4	46.6	46.4
Pacific	46.3	47.4	47.2	47.0	47.1	47.0	46.5	46.7	47.1
Type of Practice									
Solo	47.0	48.2	48.1	48.1	47.9	48.0	48.0	47.8	48.4
Non-solo	46.3	47.2	47.1	46.5	46.7	46.5	46.3	46.5	46.4
Location									
Nonmetropolitan	46.8	48.3	48.1	47.4	47.4	47.4	47.3	47.7	47.3
Metropolitan—									
Less than 1,000,000	46.5	47.5	47.4	47.1	46.9	47.0	46.7	46.9	47.0
1,000,000 and over	46.7	47.5	47.4	47.0	47.2	47.1	46.9	46.9	47.1
Physician Age[b]									
Less than 36 years	44.6	47.9	47.6	44.8	45.7	45.6	44.5	45.5	44.0
Less than 40 years	45.6	47.9	47.6	46.2	46.5	46.5	45.9	46.4	45.8
36-45 years	47.2	47.6	47.6	47.6	47.3	47.4	47.2	47.1	47.5
46-55 years	47.4	47.4	47.2	47.3	47.2	47.3	47.2	47.2	47.5
56-65 years	47.1	47.4	47.4	47.6	47.3	47.3	47.4	47.2	47.7
66 or more years	46.4	47.9	48.0	47.5	47.7	47.3	47.6	47.5	47.5

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 2 (continued). **Standard Error of the Mean Number of Weeks Practiced per Year, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	0.11	0.05	0.05	0.07	0.07	0.07	0.08	0.07	0.08
Specialty									
General/Family Practice	0.31	0.11	0.15	0.18	0.15	0.15	0.25	0.20	0.20
Internal Medicine	0.31	0.14	0.12	0.17	0.18	0.19	0.19	0.16	0.18
Surgery	0.25	0.10	0.12	0.14	0.13	0.13	0.18	0.18	0.18
Pediatrics	0.36	0.15	0.14	0.24	0.24	0.24	0.30	0.18	0.32
Obstetrics/Gynecology	0.38	0.15	0.26	0.27	0.28	0.23	0.23	0.26	0.30
Radiology	0.24	0.20	0.18	0.28	0.23	0.26	0.32	0.26	0.35
Psychiatry	0.23	0.12	0.15	0.26	0.19	0.27	0.15	0.26	0.24
Anesthesiology	0.32	0.21	0.19	0.33	0.28	0.29	0.30	0.42	0.32
Pathology	0.44	0.21	0.15	0.20	0.24	0.24	0.49	0.30	0.26
Census Division									
New England	0.50	0.23	0.25	0.40	0.33	0.24	0.24	0.28	0.23
Middle Atlantic	0.26	0.11	0.15	0.18	0.16	0.15	0.18	0.18	0.20
East North Central	0.22	0.14	0.13	0.17	0.14	0.19	0.20	0.23	0.23
West North Central	0.35	0.17	0.17	0.27	0.28	0.29	0.31	0.25	0.30
South Atlantic	0.27	0.11	0.11	0.15	0.14	0.14	0.17	0.13	0.19
East South Central	0.27	0.16	0.18	0.33	0.33	0.30	0.39	0.24	0.32
West South Central	0.39	0.14	0.13	0.23	0.16	0.22	0.21	0.19	0.31
Mountain	0.47	0.19	0.25	0.36	0.33	0.23	0.39	0.34	0.44
Pacific	0.30	0.13	0.15	0.19	0.17	0.18	0.22	0.21	0.16
Type of Practice									
Solo	0.17	0.08	0.08	0.08	0.10	0.09	0.11	0.11	0.09
Non-solo	0.14	0.06	0.07	0.10	0.08	0.09	0.10	0.09	0.11
Location									
Nonmetropolitan	0.33	0.13	0.13	0.23	0.24	0.22	0.26	0.23	0.28
Metropolitan—									
Less than 1,000,000	0.16	0.08	0.08	0.11	0.10	0.10	0.13	0.11	0.13
1,000,000 and over	0.16	0.07	0.08	0.11	0.09	0.10	0.11	0.11	0.11
Physician Age[b]									
Less than 36 years	0.39	0.12	0.16	0.32	0.27	0.30	0.36	0.35	0.44
Less than 40 years	0.26	0.08	0.10	0.19	0.16	0.17	0.20	0.20	0.22
36-45 years	0.16	0.07	0.07	0.09	0.09	0.08	0.09	0.12	0.09
46-55 years	0.16	0.10	0.13	0.09	0.10	0.09	0.11	0.09	0.10
56-65 years	0.18	0.12	0.11	0.11	0.13	0.12	0.12	0.11	0.10
66 or more years	0.33	0.21	0.18	0.26	0.18	0.25	0.22	0.24	0.42

Table 3. **Mean Number of Hours in Professional Activities per Week, 1993**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	58.4	58.8	62.4	59.5	59.5	62.4	53.4	48.8	59.8	48.7
Census Division										
New England	54.1	·	58.5	56.7	54.1	·	49.5	44.9	·	·
Middle Atlantic	59.0	55.3	63.9	60.4	60.9	64.2	53.4	49.8	61.9	·
East North Central	57.8	59.0	61.6	57.7	63.8	61.4	52.4	51.8	58.6	42.4
West North Central	59.9	60.6	62.4	58.9	·	65.2	·	·	·	·
South Atlantic	59.3	61.8	64.5	58.6	57.8	67.8	52.7	46.3	57.3	50.0
East South Central	59.9	62.0	62.1	61.6	·	·	·	·	·	·
West South Central	60.6	61.7	61.7	61.9	70.4	64.4	50.4	·	56.2	54.5
Mountain	57.6	57.8	62.4	60.7	·	·	·	·	·	·
Pacific	56.9	55.5	60.9	59.7	55.8	59.1	53.8	44.7	63.1	47.3
Type of Practice										
Solo	60.7	62.6	66.8	58.0	64.6	65.4	·	49.6	60.2	·
Non-solo	57.2	56.3	60.1	60.6	57.7	60.4	54.2	47.9	59.7	48.4
Location										
Nonmetropolitan	60.9	62.6	63.8	57.7	·	·	·	·	·	·
Metropolitan—										
Less than 1,000,000	59.3	58.0	65.1	60.9	58.1	64.4	54.2	51.2	60.4	50.3
1,000,000 and over	57.3	57.7	60.6	58.6	59.9	60.4	53.0	47.7	59.4	46.7
Employment Status										
Self-employed	60.7	62.1	65.9	59.4	63.4	65.6	52.4	50.3	60.1	50.9
Non-self-employed[c]	54.2	53.2	56.1	59.8	54.4	53.4	54.7	46.4	59.2	47.6
Employee	54.5	52.8	56.4	60.7	54.6	54.4	54.9	46.8	59.6	47.6
Independent contractor	52.4	55.1	·	·	·	·	53.5	·	·	47.7
Physician Age										
Less than 36 years	56.8	55.6	57.2	62.3	58.7	56.3	56.8	45.4	55.7	·
Less than 40 years	59.2	57.6	62.9	62.3	58.5	63.0	55.2	45.1	60.6	51.9
36-45 years	60.4	59.5	64.6	61.5	61.2	68.1	54.4	49.3	62.2	49.5
46-55 years	59.5	59.7	63.6	61.2	59.7	63.0	54.7	50.7	61.9	48.4
56-65 years	56.5	60.8	60.7	56.4	59.0	60.1	51.0	46.5	57.2	49.4
66 or more years	52.7	56.1	57.1	51.6	52.9	50.1	·	49.2	·	·

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 3 (continued). **Standard Error of the Mean Number of Hours in Professional Activities per Week, 1993**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.27	0.80	0.66	0.54	1.04	1.22	0.78	1.05	0.89	0.97
Census Division										
New England	1.01	·	1.79	2.40	4.62	·	2.01	2.90	·	·
Middle Atlantic	0.74	2.61	1.69	1.48	2.85	2.53	2.17	2.32	2.29	·
East North Central	0.64	2.03	1.56	1.22	2.25	2.20	1.12	2.48	1.92	2.61
West North Central	0.91	2.36	1.85	2.03	·	4.38	·	·	·	·
South Atlantic	0.65	2.21	1.56	1.22	2.12	2.59	2.14	2.57	1.89	2.98
East South Central	1.11	3.09	3.27	2.17	·	·	·	·	·	·
West South Central	0.90	2.30	2.37	1.58	5.14	4.88	2.33	·	2.99	3.31
Mountain	1.11	3.18	2.36	2.05	·	·	·	·	·	·
Pacific	0.65	1.55	1.70	1.39	1.70	4.02	1.92	2.09	2.44	1.52
Type of Practice										
Solo	0.56	1.45	1.25	0.94	2.12	2.22	·	1.53	2.41	·
Non-solo	0.30	0.90	0.73	0.64	1.17	1.39	0.76	1.42	0.92	0.99
Location										
Nonmetropolitan	1.03	1.86	2.86	1.85	·	·	·	·	·	·
Metropolitan—										
Less than 1,000,000	0.40	1.19	1.00	0.81	1.31	1.62	1.18	1.75	1.36	1.57
1,000,000 and over	0.39	1.30	0.89	0.77	1.63	1.87	1.10	1.34	1.21	1.28
Employment Status										
Self-employed	0.34	1.06	0.78	0.61	1.44	1.36	0.96	1.38	1.15	1.36
Non-self-employed[c]	0.42	1.06	1.08	1.09	1.38	2.34	1.31	1.57	1.38	1.35
Employee	0.46	1.18	1.12	1.10	1.46	2.36	1.53	1.70	1.58	1.55
Independent contractor	1.08	2.43	·	·	·	·	2.12	·	·	2.82
Physician Age										
Less than 36 years	0.83	1.93	2.33	1.62	2.82	4.74	3.61	1.96	2.32	·
Less than 40 years	0.56	1.41	1.60	1.06	1.97	2.33	2.02	2.51	1.32	1.74
36-45 years	0.45	1.25	1.09	0.89	2.05	1.78	1.12	2.01	1.13	1.25
46-55 years	0.50	1.58	1.09	0.92	1.77	3.01	1.14	1.88	2.35	1.98
56-65 years	0.60	2.09	1.49	1.19	1.97	1.94	1.58	1.98	1.89	1.62
66 or more years	1.20	2.49	2.52	2.68	2.72	4.59	·	4.35	·	·

Table 4. **Mean Number of Hours in Professional Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	57.0	57.1	57.7	58.3	58.2	58.8	58.8	59.1	58.9	58.4
Specialty										
General/Family Practice	57.8	58.6	57.9	58.2	58.3	58.8	59.7	60.1	58.5	58.8
Internal Medicine	59.1	58.7	60.1	61.3	61.4	62.6	61.2	61.8	62.2	62.4
Surgery	56.5	56.8	58.1	58.2	59.2	58.5	58.7	58.8	59.1	59.5
Pediatrics	56.4	56.3	58.3	59.8	57.3	58.0	57.5	57.6	58.7	59.5
Obstetrics/Gynecology	58.3	61.5	62.9	60.9	63.4	64.0	64.5	63.9	64.2	62.4
Radiology	59.4	56.2	55.9	57.2	57.1	58.8	57.2	56.9	57.2	53.4
Psychiatry	50.5	51.1	49.2	50.4	49.0	50.3	50.7	50.4	51.1	48.8
Anesthesiology	61.5	58.5	59.4	58.8	58.8	61.8	64.0	66.1	60.0	59.8
Pathology	49.8	51.3	50.4	52.9	50.2	52.1	53.0	50.1	50.4	48.7
Census Division										
New England	56.4	55.7	58.0	58.3	56.0	56.0	55.6	57.8	56.3	54.1
Middle Atlantic	55.3	56.5	56.8	55.2	56.3	58.0	56.5	57.8	59.0	59.0
East North Central	57.6	56.5	57.7	58.4	57.6	57.6	58.9	59.2	58.4	57.8
West North Central	58.7	57.5	57.5	60.3	57.7	62.1	60.8	60.0	60.7	59.9
South Atlantic	58.4	57.2	58.2	60.2	60.4	60.3	60.9	60.6	58.4	59.3
East South Central	58.7	61.4	58.2	60.6	62.1	60.1	62.8	60.4	61.3	59.9
West South Central	58.0	60.1	59.2	61.9	58.7	60.7	61.3	61.1	60.5	60.6
Mountain	57.4	56.2	57.8	59.1	60.4	58.9	57.7	60.3	58.7	57.6
Pacific	55.0	55.5	56.8	55.5	57.1	57.6	56.9	56.8	58.4	56.9
Type of Practice										
Solo	56.4	57.4	57.7	59.0	59.0	59.0	59.1	61.3	60.3	60.7
Non-solo	57.6	56.8	57.6	57.9	57.7	58.7	58.7	57.9	58.1	57.2
Location										
Nonmetropolitan	60.6	59.1	60.5	62.3	61.0	62.6	62.3	61.8	62.7	60.9
Metropolitan—										
Less than 1,000,000	57.0	57.5	58.0	59.6	58.7	59.2	59.2	59.8	59.5	59.3
1,000,000 and over	56.3	56.3	56.8	56.4	57.2	57.7	57.8	58.0	57.6	57.3
Physician Age[b]										
Less than 36 years	58.9	58.2	59.7	60.3	60.1	60.2	60.6	60.4	59.8	56.8
Less than 40 years	59.2	57.9	59.3	60.6	60.2	60.1	60.4	60.1	60.2	59.2
36-45 years	58.6	58.0	59.0	60.2	60.2	60.4	60.5	59.8	60.4	60.4
46-55 years	56.8	57.8	57.2	58.8	58.2	59.7	59.0	60.6	59.5	59.5
56-65 years	55.7	56.6	56.8	55.6	56.6	56.3	56.9	57.2	56.6	56.5
66 or more years	48.2	47.6	49.5	49.0	48.7	51.8	50.0	50.9	50.9	52.7

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 4 (continued). **Standard Error of the Mean Number of Hours in Professional Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.28	0.26	0.28	0.28	0.27	0.27	0.28	0.28	0.28	0.27
Specialty										
General/Family Practice	0.70	0.68	0.75	0.74	0.68	0.68	0.72	0.78	0.74	0.80
Internal Medicine	0.78	0.74	0.71	0.72	0.68	0.68	0.71	0.68	0.65	0.66
Surgery	0.55	0.58	0.67	0.57	0.62	0.58	0.55	0.62	0.60	0.54
Pediatrics	0.91	0.95	1.00	1.04	0.90	0.84	1.05	0.89	0.83	1.04
Obstetrics/Gynecology	0.98	1.10	1.12	1.07	1.00	1.12	1.23	1.11	1.16	1.22
Radiology	1.06	0.85	0.89	1.02	0.84	0.97	1.07	1.14	0.96	0.78
Psychiatry	0.83	0.83	0.87	0.91	0.87	0.95	0.96	0.88	0.80	1.05
Anesthesiology	1.21	0.88	1.10	1.09	1.16	1.34	1.04	1.11	1.32	0.89
Pathology	1.38	1.02	1.05	0.84	0.98	1.14	1.21	1.08	1.10	0.97
Census Division										
New England	1.07	1.06	1.06	1.15	1.02	1.04	1.11	1.12	1.07	1.01
Middle Atlantic	0.69	0.66	0.71	0.68	0.69	0.69	0.69	0.72	0.70	0.74
East North Central	0.70	0.67	0.71	0.68	0.62	0.64	0.67	0.73	0.68	0.64
West North Central	0.92	0.98	1.01	0.99	0.92	1.11	1.13	1.00	1.05	0.91
South Atlantic	0.70	0.60	0.72	0.71	0.67	0.64	0.68	0.66	0.65	0.65
East South Central	1.22	1.20	1.31	1.20	1.36	1.06	1.24	1.14	1.07	1.11
West South Central	0.92	0.88	0.84	1.03	0.89	0.93	0.86	0.92	0.90	0.90
Mountain	1.26	1.06	1.15	1.02	1.20	1.23	1.41	1.14	1.16	1.11
Pacific	0.72	0.61	0.69	0.64	0.69	0.70	0.64	0.66	0.69	0.65
Type of Practice										
Solo	0.42	0.43	0.46	0.48	0.49	0.49	0.49	0.54	0.51	0.56
Non-solo	0.39	0.32	0.36	0.35	0.33	0.33	0.34	0.32	0.33	0.30
Location										
Nonmetropolitan	0.87	0.79	0.94	0.91	0.93	0.96	0.88	1.06	1.01	1.03
Metropolitan—										
Less than 1,000,000	0.43	0.41	0.43	0.44	0.42	0.41	0.42	0.41	0.41	0.40
1,000,000 and over	0.41	0.38	0.41	0.39	0.39	0.39	0.41	0.41	0.40	0.39
Physician Age[b]										
Less than 36 years	0.80	0.66	0.76	0.75	0.64	0.70	0.73	0.72	0.79	0.83
Less than 40 years	0.57	0.46	0.49	0.52	0.50	0.50	0.52	0.50	0.53	0.56
36-45 years	0.49	0.44	0.44	0.49	0.48	0.46	0.45	0.45	0.46	0.45
46-55 years	0.54	0.55	0.57	0.56	0.54	0.53	0.57	0.55	0.54	0.50
56-65 years	0.64	0.58	0.69	0.60	0.62	0.64	0.66	0.70	0.60	0.60
66 or more years	0.84	0.98	1.06	0.95	0.99	1.07	1.07	1.18	0.96	1.20

Table 5. **Mean Number of Hours in Patient Care Activities per Week, 1993**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	52.5	53.7	55.8	53.9	53.4	58.3	48.7	42.2	54.1	42.1
Census Division										
New England	47.2	·	50.2	50.5	46.8	·	43.4	39.4	·	·
Middle Atlantic	52.6	49.3	57.8	54.3	53.8	60.0	47.6	41.0	54.4	·
East North Central	52.0	53.8	54.6	52.0	59.0	57.0	47.1	45.3	53.3	36.3
West North Central	54.3	56.2	56.8	52.5	·	60.6	·	·	·	·
South Atlantic	53.9	56.5	58.0	53.4	51.5	62.6	51.1	41.4	53.3	45.9
East South Central	53.9	56.2	53.6	56.8	·	·	·	·	·	·
West South Central	54.9	56.3	57.4	54.9	64.4	65.1	46.9	·	49.8	47.5
Mountain	51.8	54.4	53.9	56.0	·	·	·	·	·	·
Pacific	51.0	51.0	53.4	54.7	50.4	54.9	47.2	39.4	57.0	40.3
Type of Practice										
Solo	54.8	57.2	59.7	52.9	59.5	61.1	·	42.5	55.9	·
Non-solo	51.3	51.5	53.7	54.6	51.2	56.4	49.5	41.7	53.5	41.9
Location										
Nonmetropolitan	56.1	58.4	58.0	53.6	·	·	·	·	·	·
Metropolitan—										
Less than 1,000,000	53.6	52.7	58.5	56.1	52.7	59.7	51.1	42.9	54.4	44.0
1,000,000 and over	51.1	52.5	53.9	52.0	53.1	56.6	46.8	42.2	54.0	39.8
Employment Status										
Self-employed	55.1	56.8	59.3	54.3	58.4	60.9	48.0	43.5	55.2	44.5
Non-self-employed[c]	47.8	48.5	49.3	52.4	46.7	50.5	49.6	40.1	52.2	40.9
Employee	47.7	48.1	49.4	53.1	46.6	50.9	50.1	40.3	51.6	41.0
Independent contractor	48.0	50.6	·	·	·	·	47.6	·	·	40.7
Physician Age										
Less than 36 years	51.3	50.1	52.3	54.8	51.8	53.8	52.7	39.9	51.6	·
Less than 40 years	53.6	52.3	57.4	55.6	52.3	59.6	50.9	40.3	56.2	47.6
36-45 years	54.4	54.1	58.1	55.5	55.5	63.1	50.2	43.0	57.9	44.5
46-55 years	53.1	55.1	55.9	55.8	53.0	58.8	48.8	43.8	51.9	41.2
56-65 years	51.0	55.7	54.3	51.2	53.7	56.2	46.4	41.2	51.4	41.1
66 or more years	47.2	51.5	49.5	47.5	46.3	46.3	·	40.0	·	·

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 5 (continued). **Standard Error of the Mean Number of Hours in Patient Care Activities per Week, 1993**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.27	0.78	0.65	0.53	1.05	1.10	0.86	0.96	0.91	1.01
Census Division										
New England	0.98	·	2.05	2.26	4.37	·	1.86	2.83	·	·
Middle Atlantic	0.73	2.53	1.65	1.34	2.95	2.42	2.08	1.96	2.38	·
East North Central	0.64	2.03	1.55	1.19	2.13	2.22	1.11	2.24	1.66	2.90
West North Central	0.89	2.40	1.83	1.97	·	4.03	·	·	·	·
South Atlantic	0.67	2.21	1.61	1.15	2.26	2.64	3.04	2.56	2.17	2.99
East South Central	1.06	2.60	3.69	1.95	·	·	·	·	·	·
West South Central	0.86	2.20	1.94	1.58	5.03	3.62	2.57	·	3.46	2.98
Mountain	1.12	3.01	2.62	1.94	·	·	·	·	·	·
Pacific	0.65	1.50	1.63	1.54	1.67	3.19	1.91	1.89	2.46	1.88
Type of Practice										
Solo	0.55	1.42	1.25	0.93	2.02	2.00	·	1.37	2.33	·
Non-solo	0.30	0.87	0.72	0.62	1.20	1.26	0.87	1.34	0.97	1.03
Location										
Nonmetropolitan	1.01	1.88	2.51	1.81	·	·	·	·	·	·
Metropolitan—										
Less than 1,000,000	0.40	1.14	1.05	0.77	1.30	1.57	1.47	1.49	1.50	1.57
1,000,000 and over	0.38	1.24	0.86	0.77	1.66	1.62	1.06	1.26	1.16	1.37
Employment Status										
Self-employed	0.33	1.03	0.76	0.60	1.37	1.24	0.96	1.24	1.10	1.35
Non-self-employed[c]	0.43	1.06	1.09	1.09	1.44	2.08	1.60	1.48	1.59	1.41
Employee	0.47	1.17	1.13	1.11	1.52	2.14	1.91	1.60	1.82	1.67
Independent contractor	1.04	2.50	·	·	·	·	1.72	·	·	2.69
Physician Age										
Less than 36 years	0.79	2.09	2.15	1.52	2.92	3.69	3.58	1.76	2.12	·
Less than 40 years	0.55	1.48	1.58	1.05	2.02	2.02	1.98	2.34	1.21	1.55
36-45 years	0.46	1.22	1.10	0.88	2.04	1.76	1.63	1.87	1.11	1.46
46-55 years	0.50	1.52	1.14	0.93	1.78	2.58	1.12	1.78	2.77	1.97
56-65 years	0.57	1.98	1.34	1.10	2.05	1.72	1.56	1.93	1.64	1.52
66 or more years	1.16	2.41	2.45	2.75	2.30	4.55	·	3.42	·	·

Table 6. **Mean Number of Hours in Patient Care Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	51.3	51.3	52.2	52.9	53.1	53.3	53.3	53.3	52.9	52.5
Specialty										
General/Family Practice	53.9	53.6	53.3	53.7	54.4	54.4	55.0	54.7	53.1	53.7
Internal Medicine	52.8	52.4	54.0	56.0	56.2	56.8	55.7	56.3	55.5	55.8
Surgery	51.1	51.2	52.6	53.0	53.8	53.3	53.1	53.4	53.0	53.9
Pediatrics	50.3	50.6	52.4	53.6	52.5	53.4	52.4	52.4	52.6	53.4
Obstetrics/Gynecology	53.3	56.9	59.0	57.0	59.4	59.0	60.4	59.5	58.8	58.3
Radiology	54.1	51.5	51.6	51.4	52.3	53.9	53.3	53.3	53.2	48.7
Psychiatry	43.8	45.1	43.0	43.9	43.3	43.7	43.6	43.2	44.0	42.2
Anesthesiology	56.4	53.5	55.0	54.0	52.5	56.7	58.3	58.6	56.3	54.1
Pathology	39.5	41.5	44.0	43.6	42.4	42.6	44.3	41.6	43.0	42.1
Census Division										
New England	50.6	49.4	51.4	51.7	50.3	50.1	48.9	51.3	49.5	47.2
Middle Atlantic	49.3	49.8	50.9	49.8	50.6	52.1	50.8	51.6	52.3	52.6
East North Central	51.7	50.8	52.4	52.7	52.9	52.2	53.2	52.7	52.3	52.0
West North Central	52.5	51.9	52.3	55.0	53.2	56.5	55.9	55.2	55.0	54.3
South Atlantic	52.8	51.6	52.6	55.1	55.4	55.1	55.3	55.1	53.0	53.9
East South Central	53.6	56.5	52.9	55.5	57.5	55.8	58.5	55.6	55.7	53.9
West South Central	53.4	54.5	54.4	56.1	53.9	55.9	56.0	55.9	54.1	54.9
Mountain	52.1	51.3	52.3	53.6	54.9	54.1	52.6	54.7	52.5	51.8
Pacific	48.8	49.9	51.5	50.2	51.5	51.5	51.5	51.2	52.7	51.0
Type of Practice										
Solo	51.1	52.1	52.5	53.9	54.1	53.7	53.7	55.4	54.5	54.8
Non-solo	51.4	50.6	51.9	52.2	52.4	53.1	53.1	52.3	52.0	51.3
Location										
Nonmetropolitan	56.5	54.5	55.8	58.1	57.2	58.4	58.1	57.5	57.8	56.1
Metropolitan—										
Less than 1,000,000	51.6	52.0	53.0	54.2	53.7	54.5	54.0	54.2	54.0	53.6
1,000,000 and over	49.9	50.0	50.7	50.6	51.7	51.3	51.8	51.8	51.0	51.1
Physician Age[b]										
Less than 36 years	52.6	52.3	54.6	55.1	55.3	54.5	55.4	55.1	53.9	51.3
Less than 40 years	53.0	51.8	53.9	55.1	54.8	54.3	54.7	54.4	54.1	53.6
36-45 years	52.5	52.1	53.1	54.4	54.8	54.8	54.7	53.8	54.1	54.4
46-55 years	51.2	52.1	51.9	53.1	52.8	54.1	53.6	54.5	53.4	53.1
56-65 years	50.6	50.7	51.1	50.4	51.9	51.1	51.3	52.1	51.0	51.0
66 or more years	44.0	43.2	45.4	44.9	44.0	46.8	45.3	45.4	45.7	47.2

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 6 (continued). **Standard Error of the Mean Number of Hours in Patient Care Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.28	0.26	0.28	0.28	0.27	0.27	0.27	0.27	0.27	0.27
Specialty										
General/Family Practice	0.69	0.66	0.72	0.71	0.66	0.67	0.69	0.74	0.72	0.78
Internal Medicine	0.77	0.74	0.72	0.72	0.68	0.68	0.69	0.66	0.66	0.65
Surgery	0.52	0.56	0.66	0.58	0.58	0.58	0.52	0.58	0.55	0.53
Pediatrics	0.91	0.94	1.00	1.05	0.89	0.83	1.02	0.86	0.80	1.05
Obstetrics/Gynecology	0.96	1.05	1.14	1.01	0.98	1.15	1.18	1.08	1.19	1.10
Radiology	0.99	0.82	0.83	0.96	0.83	0.92	1.03	1.08	0.94	0.86
Psychiatry	0.82	0.82	0.84	0.87	0.84	0.94	0.97	0.85	0.75	0.96
Anesthesiology	1.23	0.95	1.13	1.12	1.19	1.31	1.13	1.24	1.20	0.91
Pathology	1.29	1.07	1.21	0.95	1.08	1.21	1.26	1.12	1.14	1.01
Census Division										
New England	1.07	1.08	1.06	1.07	0.96	1.08	1.16	1.12	1.09	0.98
Middle Atlantic	0.68	0.67	0.70	0.68	0.68	0.68	0.67	0.71	0.66	0.73
East North Central	0.70	0.65	0.72	0.67	0.62	0.64	0.66	0.71	0.68	0.64
West North Central	0.91	0.96	1.01	1.00	0.92	1.14	1.11	0.95	1.02	0.89
South Atlantic	0.70	0.61	0.74	0.72	0.66	0.64	0.65	0.64	0.63	0.67
East South Central	1.19	1.21	1.28	1.23	1.31	1.05	1.21	1.16	1.04	1.06
West South Central	0.90	0.88	0.84	1.02	0.87	0.91	0.85	0.88	0.92	0.86
Mountain	1.27	1.04	1.16	1.01	1.20	1.22	1.37	1.16	1.15	1.12
Pacific	0.68	0.61	0.66	0.63	0.67	0.71	0.63	0.65	0.66	0.65
Type of Practice										
Solo	0.40	0.42	0.45	0.46	0.47	0.47	0.47	0.51	0.48	0.55
Non-solo	0.39	0.33	0.36	0.35	0.33	0.34	0.34	0.32	0.33	0.30
Location										
Nonmetropolitan	0.86	0.78	0.92	0.91	0.89	0.94	0.86	1.05	0.95	1.01
Metropolitan—										
Less than 1,000,000	0.43	0.41	0.43	0.44	0.42	0.41	0.41	0.40	0.40	0.40
1,000,000 and over	0.40	0.38	0.41	0.39	0.38	0.40	0.40	0.39	0.39	0.38
Physician Age[b]										
Less than 36 years	0.78	0.67	0.76	0.75	0.65	0.70	0.72	0.71	0.79	0.79
Less than 40 years	0.55	0.47	0.50	0.53	0.50	0.51	0.52	0.50	0.53	0.55
36-45 years	0.49	0.44	0.45	0.50	0.48	0.48	0.45	0.45	0.46	0.46
46-55 years	0.54	0.55	0.57	0.56	0.54	0.53	0.55	0.53	0.52	0.50
56-65 years	0.65	0.57	0.68	0.58	0.60	0.63	0.65	0.68	0.57	0.57
66 or more years	0.78	0.95	1.09	0.93	0.92	1.02	1.03	1.10	0.96	1.16

Table 7. **Mean Number of Hours in Direct Patient Care Activities per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	48.5	48.4	49.1	49.9	46.9	53.4
Census Division						
New England	43.2	·	43.4	46.5	41.1	·
Middle Atlantic	48.4	44.0	50.1	50.2	45.6	54.7
East North Central	48.0	48.3	48.2	48.1	51.4	52.5
West North Central	49.8	50.8	50.5	48.9	·	56.4
South Atlantic	50.3	51.1	51.9	49.5	46.0	57.2
East South Central	49.4	51.7	47.3	53.5	·	·
West South Central	50.9	51.3	50.6	50.8	55.8	60.7
Mountain	48.6	49.5	47.6	51.8	·	·
Pacific	46.6	45.0	47.3	50.6	45.3	49.7
Type of Practice						
Solo	50.8	51.3	52.1	48.8	51.7	55.7
Non-solo	47.2	46.5	47.5	50.7	45.2	51.8
Location						
Nonmetropolitan	52.9	53.8	52.0	50.6	·	·
Metropolitan—						
Less than 1,000,000	49.8	47.5	52.1	52.3	47.4	55.0
1,000,000 and over	46.7	46.6	47.0	47.7	45.8	51.5
Employment Status						
Self-employed	51.0	51.0	52.1	50.3	51.2	55.8
Non-self-employed[c]	43.6	43.8	43.7	48.4	41.2	46.3
Employee	43.4	43.4	43.7	49.1	41.2	46.7
Independent contractor	44.8	45.5	·	·	·	·
Physician Age						
Less than 36 years	46.3	44.6	45.9	50.7	45.7	48.9
Less than 40 years	48.6	46.8	50.2	51.5	46.3	54.0
36-45 years	49.9	48.7	51.1	51.4	49.2	57.5
46-55 years	49.6	49.7	49.7	51.8	46.2	54.5
56-65 years	47.6	49.8	47.7	47.4	46.7	51.7
66 or more years	44.2	46.9	42.8	43.9	40.5	42.1

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 7 (continued). **Standard Error of the Mean Number of Hours in Direct Patient Care Activities per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.29	0.72	0.60	0.49	0.92	1.00
Census Division						
New England	1.11	·	1.89	2.04	4.16	·
Middle Atlantic	0.75	2.34	1.43	1.27	2.51	2.16
East North Central	0.70	1.85	1.41	1.12	1.87	2.07
West North Central	0.98	2.32	1.74	1.88	·	4.01
South Atlantic	0.70	2.09	1.54	1.10	2.11	2.37
East South Central	1.07	2.33	3.32	1.73	·	·
West South Central	0.90	2.01	1.82	1.47	3.99	3.36
Mountain	1.28	2.79	2.54	1.81	·	·
Pacific	0.68	1.27	1.52	1.41	1.56	2.74
Type of Practice						
Solo	0.53	1.31	1.13	0.86	1.69	1.76
Non-solo	0.33	0.81	0.68	0.58	1.07	1.19
Location						
Nonmetropolitan	1.00	1.73	2.32	1.74	·	·
Metropolitan—						
Less than 1,000,000	0.43	1.06	0.97	0.72	1.20	1.45
1,000,000 and over	0.41	1.13	0.78	0.71	1.42	1.44
Employment Status						
Self-employed	0.34	0.95	0.70	0.56	1.17	1.11
Non-self-employed[c]	0.48	1.00	1.02	1.05	1.33	2.02
Employee	0.51	1.10	1.06	1.06	1.41	2.06
Independent contractor	1.32	2.32	·	·	·	·
Physician Age						
Less than 36 years	0.83	1.83	2.04	1.44	2.59	3.44
Less than 40 years	0.58	1.35	1.43	0.99	1.76	1.79
36-45 years	0.48	1.13	1.00	0.84	1.78	1.60
46-55 years	0.53	1.44	1.06	0.84	1.52	2.27
56-65 years	0.63	1.82	1.20	1.03	1.81	1.64
66 or more years	1.16	2.23	2.22	2.59	2.25	4.19

Table 8. **Mean Number of Hours in Direct Patient Care Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	47.7	47.4	48.5	49.3	49.5	49.3	49.1	49.1	48.4	48.5
Specialty										
General/Family Practice	50.0	49.0	48.9	49.1	49.8	49.8	49.9	49.7	48.0	48.4
Internal Medicine	47.8	46.7	48.2	50.2	50.2	50.6	49.5	49.7	48.8	49.1
Surgery	47.6	48.0	49.2	49.6	50.2	49.3	49.5	49.6	49.3	49.9
Pediatrics	44.8	44.6	46.0	47.2	46.5	47.4	46.0	46.0	46.6	46.9
Obstetrics/Gynecology	49.2	52.6	54.4	53.0	55.2	54.6	55.5	54.9	53.9	53.4
Census Division										
New England	47.5	44.6	46.3	47.3	45.8	45.0	44.2	46.3	45.4	43.2
Middle Atlantic	44.9	45.6	46.2	45.5	46.6	48.0	46.7	47.0	47.8	48.4
East North Central	48.0	46.2	49.0	49.4	49.6	48.3	49.0	48.9	47.6	48.0
West North Central	50.4	47.4	48.0	51.9	49.2	52.4	50.6	50.3	51.4	49.8
South Atlantic	49.1	47.9	49.2	51.4	51.6	50.7	50.8	50.8	48.5	50.3
East South Central	49.7	52.9	50.3	52.2	54.0	52.5	54.8	51.2	51.1	49.4
West South Central	49.7	50.7	50.9	53.2	50.1	52.1	51.3	51.8	50.2	50.9
Mountain	49.4	48.2	48.6	50.3	53.2	50.6	48.7	50.8	48.0	48.6
Pacific	45.6	46.4	48.0	46.7	48.2	47.8	47.4	47.1	47.7	46.6
Type of Practice										
Solo	47.6	48.3	48.8	50.3	50.5	49.5	49.4	51.0	50.0	50.8
Non-solo	47.9	46.5	48.1	48.6	48.8	49.2	48.9	47.9	47.5	47.2
Location										
Nonmetropolitan	54.0	51.4	52.9	54.8	54.0	55.5	54.5	54.1	54.2	52.9
Metropolitan—										
Less than 1,000,000	48.3	48.2	49.3	50.7	50.2	50.2	49.7	50.0	49.8	49.8
1,000,000 and over	45.9	45.7	46.6	46.8	47.8	47.1	47.2	47.1	46.0	46.7
Physician Age[b]										
Less than 36 years	48.8	48.1	50.9	51.5	50.9	49.9	50.6	49.7	48.0	46.3
Less than 40 years	49.1	47.9	50.0	51.3	50.5	49.8	50.3	49.4	48.6	48.6
36-45 years	48.6	48.3	49.4	51.0	50.9	50.7	50.2	49.4	49.4	49.9
46-55 years	48.2	48.2	48.0	49.4	49.7	50.7	49.6	50.5	49.6	49.6
56-65 years	47.5	46.7	47.3	46.9	48.7	47.1	47.4	48.2	46.6	47.6
66 or more years	40.5	39.7	42.2	41.5	40.6	42.2	40.8	42.0	41.9	44.2

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 8 (continued). **Standard Error of the Mean Number of Hours in Direct Patient Care Activities per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.31	0.29	0.31	0.31	0.29	0.29	0.29	0.29	0.29	0.29
Specialty										
General/Family Practice	0.66	0.60	0.67	0.65	0.63	0.64	0.64	0.70	0.68	0.72
Internal Medicine	0.73	0.69	0.68	0.67	0.64	0.64	0.63	0.62	0.62	0.60
Surgery	0.49	0.53	0.61	0.55	0.54	0.54	0.50	0.54	0.52	0.49
Pediatrics	0.82	0.85	0.88	0.96	0.81	0.78	0.94	0.79	0.74	0.92
Obstetrics/Gynecology	0.90	0.98	1.06	0.98	0.95	1.10	1.11	1.04	1.12	1.00
Census Division										
New England	1.24	1.23	1.19	1.15	1.13	1.09	1.31	1.29	1.15	1.11
Middle Atlantic	0.73	0.75	0.77	0.74	0.75	0.74	0.72	0.75	0.74	0.75
East North Central	0.75	0.73	0.80	0.76	0.70	0.68	0.69	0.76	0.76	0.70
West North Central	0.98	1.10	1.17	1.09	0.93	1.16	1.10	1.06	1.16	0.98
South Atlantic	0.80	0.65	0.82	0.76	0.70	0.69	0.67	0.65	0.65	0.70
East South Central	1.23	1.29	1.35	1.40	1.45	1.15	1.26	1.21	1.04	1.07
West South Central	0.91	0.92	0.88	1.09	0.86	0.97	0.91	0.99	1.02	0.90
Mountain	1.40	1.13	1.24	1.14	1.35	1.24	1.31	1.17	1.35	1.28
Pacific	0.77	0.67	0.71	0.65	0.71	0.73	0.66	0.64	0.69	0.68
Type of Practice										
Solo	0.43	0.44	0.46	0.48	0.48	0.47	0.47	0.52	0.48	0.53
Non-solo	0.43	0.38	0.42	0.40	0.37	0.37	0.37	0.34	0.36	0.33
Location										
Nonmetropolitan	0.88	0.81	0.93	0.91	0.91	0.96	0.89	1.05	0.96	1.00
Metropolitan—										
Less than 1,000,000	0.47	0.44	0.46	0.49	0.45	0.42	0.43	0.44	0.44	0.43
1,000,000 and over	0.44	0.42	0.46	0.42	0.42	0.43	0.43	0.41	0.41	0.41
Physician Age[b]										
Less than 36 years	0.81	0.71	0.82	0.79	0.69	0.75	0.77	0.75	0.83	0.83
Less than 40 years	0.60	0.50	0.55	0.55	0.53	0.52	0.55	0.52	0.56	0.58
36-45 years	0.54	0.49	0.50	0.54	0.51	0.49	0.47	0.46	0.50	0.48
46-55 years	0.61	0.62	0.65	0.62	0.60	0.59	0.59	0.59	0.59	0.53
56-65 years	0.69	0.64	0.74	0.65	0.65	0.67	0.67	0.73	0.59	0.63
66 or more years	0.84	0.97	1.10	0.99	0.97	1.05	1.06	1.22	1.02	1.16

Table 9. **Mean Number of Office Hours per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	27.5	36.0	27.3	23.7	32.0	29.8
Census Division						
New England	21.9	·	23.6	19.8	23.9	·
Middle Atlantic	27.2	31.8	27.9	24.1	35.8	27.6
East North Central	26.3	34.4	25.2	20.8	35.5	28.0
West North Central	29.5	35.4	27.8	26.6	·	32.0
South Atlantic	28.2	37.8	27.5	24.2	32.4	30.4
East South Central	27.6	39.6	23.8	24.2	·	·
West South Central	28.6	39.8	28.3	23.3	37.5	34.9
Mountain	27.7	35.7	27.6	25.7	·	·
Pacific	28.4	35.5	30.4	24.4	27.4	32.3
Type of Practice						
Solo	31.5	37.8	30.5	25.1	41.6	32.4
Non-solo	25.3	34.8	25.6	22.7	28.5	28.1
Location						
Nonmetropolitan	31.0	35.5	29.9	25.8	·	·
Metropolitan—						
Less than 1,000,000	27.8	35.9	28.2	24.3	32.4	31.0
1,000,000 and over	26.6	36.2	26.6	22.8	30.7	28.5
Employment Status						
Self-employed	30.5	37.8	30.2	25.0	38.8	31.2
Non-self-employed[c]	21.7	32.8	22.1	18.8	22.8	25.7
Employee	22.2	32.4	22.3	18.4	23.5	26.1
Independent contractor	18.5	34.8	·	·	·	·
Physician Age						
Less than 36 years	24.5	33.4	24.7	22.2	26.7	28.4
Less than 40 years	26.4	35.6	26.9	22.9	28.8	30.2
36-45 years	27.3	36.2	27.8	23.9	31.5	30.7
46-55 years	27.1	35.8	26.9	23.2	32.5	31.3
56-65 years	29.1	36.0	29.2	24.3	38.8	27.5
66 or more years	29.9	37.3	27.1	24.8	33.5	28.7

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 9 (continued). **Standard Error of the Mean Number of Office Hours per Week, 1993**[a]

	All Physicians[b]	Specialty				
		General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.27	0.54	0.55	0.38	1.00	0.58
Census Division						
New England	1.17	·	2.21	1.46	4.45	·
Middle Atlantic	0.68	2.11	1.25	1.07	2.33	1.34
East North Central	0.67	1.48	1.23	1.02	2.09	1.37
West North Central	0.94	1.51	2.15	1.43	·	2.35
South Atlantic	0.66	1.47	1.30	0.85	2.48	1.24
East South Central	1.09	1.22	3.48	1.40	·	·
West South Central	0.87	1.43	1.59	1.28	3.32	1.41
Mountain	1.09	1.36	2.47	1.37	·	·
Pacific	0.63	1.12	1.32	0.91	2.29	1.65
Type of Practice						
Solo	0.40	0.87	0.78	0.62	1.39	0.84
Non-solo	0.34	0.67	0.71	0.48	1.18	0.76
Location						
Nonmetropolitan	0.78	1.01	1.73	1.11	·	·
Metropolitan—						
Less than 1,000,000	0.42	0.85	0.95	0.57	1.40	0.83
1,000,000 and over	0.39	0.91	0.70	0.57	1.49	0.84
Employment Status						
Self-employed	0.28	0.64	0.53	0.42	1.05	0.58
Non-self-employed[c]	0.53	0.90	1.19	0.84	1.56	1.41
Employee	0.56	0.96	1.24	0.86	1.60	1.50
Independent contractor	1.63	2.51	·	·	·	·
Physician Age						
Less than 36 years	0.95	1.16	2.40	1.39	3.11	1.85
Less than 40 years	0.58	1.03	1.31	0.78	2.10	1.13
36-45 years	0.46	1.00	0.84	0.64	1.87	0.93
46-55 years	0.50	1.06	1.00	0.62	1.72	1.40
56-65 years	0.53	1.15	1.14	0.88	1.44	0.91
66 or more years	1.04	1.70	1.94	1.94	1.97	2.84

Table 10. **Mean Number of Office Hours per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	26.5	25.3	26.2	26.8	26.7	26.9	27.1	26.8	26.3	27.5
Specialty										
General/Family Practice	33.3	32.9	33.9	34.2	34.3	34.8	35.1	35.1	33.1	36.0
Internal Medicine	26.9	24.8	25.8	27.0	27.3	26.8	27.1	26.7	25.6	27.3
Surgery	21.7	21.9	22.1	23.2	22.0	22.7	23.2	23.0	22.7	23.7
Pediatrics	31.9	29.1	31.4	30.8	31.3	31.8	31.9	31.9	30.5	32.0
Obstetrics/Gynecology	26.8	28.4	28.1	28.1	29.3	29.2	29.2	27.9	28.2	29.8
Census Division										
New England	25.8	23.7	25.0	26.2	26.0	23.3	24.8	27.3	23.5	21.9
Middle Atlantic	24.4	23.5	24.3	23.8	23.8	25.6	24.4	24.4	25.0	27.2
East North Central	25.0	23.9	24.5	25.0	25.7	25.2	26.7	25.0	24.5	26.3
West North Central	26.5	26.1	27.0	27.8	27.2	28.7	27.8	26.2	28.0	29.5
South Atlantic	26.9	26.3	26.4	27.7	28.1	27.7	28.8	28.2	26.7	28.2
East South Central	27.0	28.6	27.6	28.2	28.2	27.2	28.4	27.7	26.3	27.6
West South Central	29.4	26.6	28.4	30.6	29.2	29.5	27.9	28.4	28.2	28.6
Mountain	28.2	25.5	27.1	27.4	27.5	27.7	27.1	27.1	25.5	27.7
Pacific	27.7	26.0	27.9	27.2	27.2	27.9	27.9	28.3	27.9	28.4
Type of Practice										
Solo	27.5	28.0	28.6	29.9	29.5	30.2	30.3	30.7	29.9	31.5
Non-solo	25.5	23.0	24.4	24.5	24.8	24.6	25.0	24.5	24.2	25.3
Location										
Nonmetropolitan	29.7	28.9	30.2	30.8	30.7	30.9	31.7	29.2	30.7	31.0
Metropolitan—										
Less than 1,000,000	26.7	25.6	26.4	27.1	26.6	26.5	26.5	26.8	26.2	27.8
1,000,000 and over	25.6	24.3	25.2	25.6	26.0	26.3	26.5	26.4	25.5	26.6
Physician Age[b]										
Less than 36 years	25.4	22.9	25.7	25.6	27.2	26.1	27.0	26.6	25.4	24.5
Less than 40 years	25.3	23.5	25.4	26.0	25.7	25.7	26.4	25.6	24.8	26.4
36-45 years	25.5	24.2	25.4	26.1	25.6	26.3	26.5	26.2	25.0	27.3
46-55 years	27.6	26.3	26.5	27.2	26.5	27.1	26.3	27.2	26.4	27.1
56-65 years	28.0	27.9	28.2	28.7	28.8	27.8	29.4	27.2	28.8	29.1
66 or more years	26.8	26.8	26.0	27.0	27.1	27.8	27.6	28.8	28.3	29.9

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 10 (continued). **Standard Error of the Mean Number of Office Hours per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.26	0.26	0.26	0.27	0.26	0.26	0.27	0.26	0.27	0.27
Specialty										
General/Family Practice	0.43	0.45	0.48	0.51	0.49	0.48	0.54	0.54	0.59	0.54
Internal Medicine	0.59	0.61	0.57	0.51	0.52	0.53	0.54	0.53	0.54	0.55
Surgery	0.38	0.44	0.42	0.44	0.41	0.41	0.40	0.41	0.42	0.38
Pediatrics	0.79	0.85	0.87	0.98	0.88	0.85	0.95	0.87	0.77	1.00
Obstetrics/Gynecology	0.52	0.59	0.64	0.55	0.60	0.70	0.73	0.63	0.67	0.58
Census Division										
New England	1.12	1.23	1.13	1.09	1.06	0.97	1.16	1.16	1.16	1.17
Middle Atlantic	0.66	0.63	0.64	0.64	0.62	0.63	0.66	0.65	0.68	0.68
East North Central	0.63	0.64	0.66	0.67	0.64	0.61	0.65	0.66	0.64	0.67
West North Central	0.90	0.95	1.00	0.88	0.87	1.06	1.06	0.97	1.02	0.94
South Atlantic	0.61	0.60	0.67	0.66	0.62	0.63	0.64	0.64	0.64	0.66
East South Central	1.02	1.21	1.08	1.12	1.14	1.12	1.09	1.08	1.07	1.09
West South Central	0.81	0.83	0.80	0.85	0.78	0.76	0.83	0.87	0.89	0.87
Mountain	1.27	1.22	1.11	1.15	1.19	1.23	1.27	1.16	1.19	1.09
Pacific	0.62	0.66	0.63	0.64	0.73	0.67	0.65	0.61	0.62	0.63
Type of Practice										
Solo	0.35	0.34	0.35	0.36	0.36	0.35	0.37	0.38	0.39	0.40
Non-solo	0.38	0.38	0.38	0.37	0.36	0.35	0.36	0.34	0.35	0.34
Location										
Nonmetropolitan	0.68	0.66	0.69	0.69	0.78	0.80	0.78	0.79	0.82	0.78
Metropolitan—										
Less than 1,000,000	0.40	0.42	0.41	0.41	0.39	0.38	0.40	0.40	0.40	0.42
1,000,000 and over	0.38	0.38	0.39	0.39	0.39	0.39	0.40	0.39	0.39	0.39
Physician Age[b]										
Less than 36 years	0.71	0.71	0.74	0.75	0.64	0.70	0.82	0.71	0.84	0.95
Less than 40 years	0.50	0.48	0.49	0.51	0.50	0.50	0.54	0.49	0.55	0.58
36-45 years	0.48	0.45	0.44	0.46	0.47	0.45	0.43	0.44	0.47	0.46
46-55 years	0.52	0.55	0.56	0.56	0.53	0.53	0.55	0.52	0.52	0.50
56-65 years	0.54	0.59	0.58	0.57	0.59	0.54	0.60	0.68	0.54	0.53
66 or more years	0.63	0.70	0.85	0.75	0.74	0.86	0.95	0.86	0.87	1.04

Table 11. **Mean Number of Hours on Hospital Rounds per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	8.3	5.7	13.8	6.5	8.7	4.9
Census Division						
New England	7.7	·	11.5	7.2	5.5	·
Middle Atlantic	9.3	6.0	14.2	7.7	5.7	5.1
East North Central	9.2	7.5	16.3	6.5	9.7	4.8
West North Central	8.7	6.3	14.3	5.1	·	6.0
South Atlantic	9.0	5.9	15.6	6.7	9.2	5.0
East South Central	7.4	6.0	13.8	6.9	·	·
West South Central	8.1	4.7	13.0	6.5	10.7	6.7
Mountain	8.1	6.9	14.9	4.9	·	·
Pacific	6.1	3.6	9.7	6.1	9.5	3.4
Type of Practice						
Solo	8.2	6.2	13.6	6.2	6.5	5.4
Non-solo	8.3	5.4	13.9	6.7	9.4	4.5
Location						
Nonmetropolitan	7.2	6.9	13.2	5.6	·	·
Metropolitan—						
Less than 1,000,000	8.9	6.0	15.9	7.3	9.4	5.0
1,000,000 and over	8.0	4.9	12.6	5.9	8.1	4.7
Employment Status						
Self-employed	8.5	6.2	14.3	6.4	8.3	5.3
Non-self-employed[c]	7.7	5.0	12.9	7.1	9.1	3.7
Employee	8.2	4.9	13.2	7.3	9.1	3.8
Independent contractor	4.5	5.5	·	·	·	·
Physician Age						
Less than 36 years	8.9	6.4	14.1	5.8	11.3	5.0
Less than 40 years	9.4	5.7	16.0	6.5	9.9	5.1
36-45 years	9.4	6.4	15.5	6.3	10.1	5.3
46-55 years	8.4	5.2	14.0	7.6	7.5	5.2
56-65 years	6.7	6.3	10.3	6.1	5.2	4.8
66 or more years	5.2	4.1	8.6	5.6	5.4	2.0

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 11 (continued). **Standard Error of the Mean Number of Hours on Hospital Rounds per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.18	0.30	0.49	0.22	0.62	0.23
Census Division						
New England	0.76	·	2.00	0.87	1.24	·
Middle Atlantic	0.49	1.23	1.08	0.76	0.72	0.61
East North Central	0.49	0.85	1.36	0.50	1.16	0.40
West North Central	0.65	0.55	1.74	0.70	·	0.83
South Atlantic	0.45	0.79	1.31	0.46	1.36	0.47
East South Central	0.62	1.11	2.44	0.80	·	·
West South Central	0.52	0.72	1.28	0.65	2.97	0.95
Mountain	0.81	1.40	2.16	0.68	·	·
Pacific	0.37	0.52	0.93	0.58	1.83	0.50
Type of Practice						
Solo	0.29	0.54	0.78	0.37	0.47	0.43
Non-solo	0.23	0.35	0.62	0.27	0.82	0.25
Location						
Nonmetropolitan	0.46	0.56	1.82	0.64	·	·
Metropolitan—						
Less than 1,000,000	0.29	0.46	0.87	0.36	0.88	0.35
1,000,000 and over	0.25	0.51	0.61	0.30	0.92	0.31
Employment Status						
Self-employed	0.20	0.38	0.54	0.23	0.65	0.27
Non-self-employed[c]	0.36	0.48	1.01	0.59	1.15	0.41
Employee	0.39	0.45	1.05	0.61	1.18	0.42
Independent contractor	0.80	1.83	·	·	·	·
Physician Age						
Less than 36 years	0.68	0.76	2.15	0.59	2.21	0.68
Less than 40 years	0.44	0.47	1.32	0.46	1.36	0.38
36-45 years	0.33	0.51	0.84	0.39	1.18	0.36
46-55 years	0.31	0.55	0.81	0.39	0.89	0.50
56-65 years	0.29	0.80	0.73	0.41	0.57	0.47
66 or more years	0.53	0.80	1.25	1.39	0.73	0.64

Table 12. **Mean Number of Hours on Hospital Rounds per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	9.5	8.3	8.8	8.8	9.0	9.2	8.8	8.7	8.3	8.3
Specialty										
General/Family Practice	8.4	6.7	6.4	6.3	6.6	6.6	6.5	6.5	5.7	5.7
Internal Medicine	14.7	13.4	14.4	14.7	14.4	15.7	14.9	14.8	14.0	13.8
Surgery	9.7	7.2	7.8	7.7	8.1	7.2	6.8	6.5	6.4	6.5
Pediatrics	8.2	7.9	8.7	9.1	8.5	9.5	9.2	9.0	8.9	8.7
Obstetrics/Gynecology	6.6	5.5	6.4	5.5	6.3	5.9	5.6	5.6	5.3	4.9
Census Division										
New England	9.1	7.5	7.7	8.0	7.6	7.9	7.4	7.5	7.4	7.7
Middle Atlantic	9.4	9.6	9.7	9.4	10.2	10.5	9.5	10.0	10.1	9.3
East North Central	10.4	9.3	10.4	9.8	9.7	9.4	9.0	9.0	9.6	9.2
West North Central	10.7	7.8	8.3	9.3	9.4	10.4	8.4	8.6	8.1	8.7
South Atlantic	10.0	7.9	9.1	9.3	9.4	9.7	9.6	9.3	8.5	9.0
East South Central	10.7	8.9	9.0	10.2	10.1	8.7	9.1	10.3	8.2	7.4
West South Central	9.6	9.3	8.7	9.5	8.1	9.3	9.5	8.6	8.7	8.1
Mountain	8.8	7.0	7.4	6.8	7.6	8.4	7.3	8.0	6.6	8.1
Pacific	7.5	6.7	7.0	6.6	7.1	7.0	7.8	6.8	6.3	6.1
Type of Practice										
Solo	9.5	8.3	8.8	8.8	9.1	8.9	8.4	8.7	8.5	8.2
Non-solo	9.5	8.3	8.9	8.9	8.9	9.4	9.1	8.7	8.3	8.3
Location										
Nonmetropolitan	10.9	7.6	7.9	8.5	8.2	8.6	8.0	8.3	8.0	7.2
Metropolitan—										
Less than 1,000,000	10.1	8.4	9.2	9.3	8.8	9.5	9.2	8.8	8.5	8.9
1,000,000 and over	8.6	8.4	8.7	8.5	9.3	9.0	8.6	8.7	8.3	8.0
Physician Age[b]										
Less than 36 years	10.5	8.9	9.6	9.3	9.8	9.3	9.1	9.0	9.1	8.9
Less than 40 years	10.7	9.3	9.6	10.0	10.0	10.6	9.9	9.2	9.1	9.4
36-45 years	10.1	9.2	9.7	10.1	9.8	10.6	10.0	9.3	9.2	9.4
46-55 years	9.2	8.3	8.9	8.6	9.2	8.9	8.9	9.1	8.7	8.4
56-65 years	8.7	7.2	7.4	7.3	7.7	7.4	7.4	7.7	6.3	6.7
66 or more years	6.6	5.5	6.2	5.6	5.9	6.7	5.0	5.7	5.5	5.2

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 12 (continued). **Standard Error of the Mean Number of Hours on Hospital Rounds per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.17	0.17	0.18	0.18	0.18	0.19	0.19	0.18	0.19	0.18
Specialty										
General/Family Practice	0.28	0.26	0.26	0.25	0.28	0.25	0.26	0.30	0.30	0.30
Internal Medicine	0.51	0.52	0.50	0.47	0.48	0.52	0.53	0.49	0.50	0.49
Surgery	0.27	0.24	0.27	0.25	0.25	0.23	0.22	0.23	0.25	0.22
Pediatrics	0.41	0.51	0.55	0.60	0.62	0.67	0.67	0.65	0.59	0.62
Obstetrics/Gynecology	0.28	0.23	0.32	0.22	0.29	0.29	0.23	0.25	0.25	0.23
Census Division										
New England	0.72	0.64	0.74	0.67	0.53	0.56	0.87	0.75	0.68	0.76
Middle Atlantic	0.45	0.48	0.48	0.48	0.51	0.50	0.47	0.48	0.54	0.49
East North Central	0.42	0.44	0.53	0.45	0.42	0.43	0.43	0.42	0.50	0.49
West North Central	0.63	0.58	0.66	0.66	0.62	0.73	0.57	0.72	0.66	0.65
South Atlantic	0.45	0.35	0.45	0.45	0.42	0.50	0.48	0.44	0.49	0.45
East South Central	0.64	0.64	0.63	0.80	0.97	0.63	0.71	0.93	0.70	0.62
West South Central	0.55	0.57	0.50	0.59	0.52	0.60	0.60	0.57	0.59	0.52
Mountain	0.77	0.60	0.59	0.53	0.66	0.96	0.76	0.75	0.77	0.81
Pacific	0.38	0.37	0.36	0.35	0.43	0.41	0.45	0.41	0.36	0.37
Type of Practice										
Solo	0.24	0.24	0.26	0.25	0.27	0.27	0.27	0.29	0.30	0.29
Non-solo	0.25	0.23	0.25	0.25	0.24	0.25	0.25	0.24	0.24	0.23
Location										
Nonmetropolitan	0.47	0.38	0.40	0.45	0.42	0.41	0.42	0.48	0.46	0.46
Metropolitan—										
Less than 1,000,000	0.28	0.25	0.28	0.28	0.27	0.29	0.28	0.27	0.29	0.29
1,000,000 and over	0.24	0.26	0.27	0.26	0.27	0.28	0.28	0.28	0.29	0.25
Physician Age[b]										
Less than 36 years	0.49	0.44	0.55	0.56	0.50	0.52	0.51	0.50	0.65	0.68
Less than 40 years	0.36	0.32	0.35	0.38	0.36	0.41	0.39	0.37	0.43	0.44
36-45 years	0.34	0.31	0.32	0.33	0.31	0.36	0.34	0.31	0.35	0.33
46-55 years	0.32	0.35	0.37	0.34	0.39	0.35	0.36	0.37	0.36	0.31
56-65 years	0.34	0.30	0.32	0.30	0.32	0.31	0.36	0.39	0.28	0.29
66 or more years	0.40	0.41	0.45	0.41	0.47	0.50	0.43	0.57	0.45	0.53

Table 13. **Mean Number of Hours in Surgery per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	6.2	1.3	2.1	15.5	1.8	15.5
Census Division						
New England	5.4	·	2.1	14.4	2.3	·
Middle Atlantic	6.0	0.7	2.3	14.2	1.3	18.6
East North Central	6.7	2.0	2.1	17.4	1.7	17.3
West North Central	5.3	2.1	1.2	13.6	·	13.7
South Atlantic	6.1	0.8	2.0	14.9	1.5	17.1
East South Central	6.8	0.7	1.0	18.5	·	·
West South Central	6.6	1.5	2.9	16.6	2.1	17.5
Mountain	7.3	2.0	1.9	16.6	·	·
Pacific	5.8	1.2	1.8	15.2	2.7	10.9
Type of Practice						
Solo	6.4	1.9	1.9	13.6	1.3	15.4
Non-solo	6.0	1.0	2.3	16.9	1.9	15.6
Location						
Nonmetropolitan	5.7	2.4	2.1	13.7	·	·
Metropolitan—						
Less than 1,000,000	6.4	1.0	2.3	16.2	2.0	15.2
1,000,000 and over	6.0	1.2	2.0	15.3	1.6	15.7
Employment Status						
Self-employed	7.1	1.7	2.2	15.2	1.9	16.5
Non-self-employed[c]	4.3	0.7	2.0	16.9	1.6	12.7
Employee	4.7	0.8	2.0	17.8	1.6	13.2
Independent contractor	1.7	0.4	·	·	·	·
Physician Age						
Less than 36 years	5.2	1.5	1.4	16.6	2.4	14.7
Less than 40 years	6.0	1.6	1.9	17.4	1.7	16.1
36-45 years	6.3	1.7	2.5	17.4	2.2	17.7
46-55 years	7.1	1.7	2.6	16.4	1.9	14.9
56-65 years	6.7	1.0	1.7	13.5	0.5	15.9
66 or more years	3.5	0.5	0.4	10.1	0.2	7.8

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 13 (continued). **Standard Error of the Mean Number of Hours in Surgery per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.18	0.15	0.26	0.34	0.25	0.65
Census Division						
New England	0.72	·	0.98	1.34	1.63	·
Middle Atlantic	0.46	0.48	0.68	0.77	0.53	1.74
East North Central	0.46	0.44	0.69	0.87	0.35	1.55
West North Central	0.58	0.50	0.71	1.40	·	1.72
South Atlantic	0.42	0.35	0.53	0.81	0.48	1.47
East South Central	0.74	0.31	0.65	1.36	·	·
West South Central	0.60	0.62	1.00	1.19	0.87	2.21
Mountain	0.81	0.67	1.00	1.41	·	·
Pacific	0.42	0.29	0.57	0.82	0.80	1.68
Type of Practice						
Solo	0.31	0.32	0.45	0.52	0.30	1.14
Non-solo	0.22	0.15	0.31	0.44	0.32	0.78
Location						
Nonmetropolitan	0.55	0.42	1.06	1.20	·	·
Metropolitan—						
Less than 1,000,000	0.28	0.20	0.47	0.50	0.34	0.92
1,000,000 and over	0.26	0.26	0.32	0.50	0.38	0.97
Employment Status						
Self-employed	0.22	0.22	0.32	0.38	0.36	0.74
Non-self-employed[c]	0.28	0.17	0.43	0.76	0.32	1.31
Employee	0.31	0.19	0.44	0.80	0.34	1.33
Independent contractor	0.45	0.24	·	·	·	·
Physician Age						
Less than 36 years	0.50	0.41	0.70	1.09	0.72	1.56
Less than 40 years	0.36	0.32	0.51	0.71	0.39	1.06
36-45 years	0.31	0.31	0.42	0.61	0.48	1.09
46-55 years	0.35	0.37	0.56	0.58	0.47	1.36
56-65 years	0.40	0.30	0.56	0.70	0.24	1.19
66 or more years	0.55	0.20	0.36	1.51	0.14	2.99

Table 14. **Mean Number of Hours in Surgery per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	5.5	5.6	6.2	6.2	6.5	6.2	6.2	6.6	6.6	6.2
Specialty										
General/Family Practice	2.2	1.7	1.9	1.8	1.8	1.6	1.5	1.6	1.5	1.3
Internal Medicine	0.7	1.4	1.6	2.0	1.8	1.4	1.6	2.3	2.2	2.1
Surgery	13.0	13.4	14.6	14.6	15.7	15.0	15.4	15.8	15.6	15.5
Pediatrics	0.8	0.9	1.2	1.5	1.6	1.6	1.2	1.0	1.4	1.8
Obstetrics/Gynecology	13.6	14.6	17.1	15.8	16.9	15.8	16.8	17.3	17.2	15.5
Census Division										
New England	5.2	4.7	5.2	5.5	5.4	5.2	4.6	5.2	6.2	5.4
Middle Atlantic	4.9	5.4	5.6	5.2	5.9	5.5	5.6	6.0	6.4	6.0
East North Central	5.9	5.3	6.9	7.4	7.0	6.0	7.0	7.7	6.8	6.7
West North Central	6.8	5.9	6.1	6.8	6.1	6.3	6.6	7.2	6.9	5.3
South Atlantic	5.6	6.0	5.9	6.2	6.9	6.6	6.3	6.4	6.1	6.1
East South Central	6.0	6.7	6.3	5.5	5.8	6.5	6.4	6.4	8.0	6.8
West South Central	5.7	5.9	6.3	6.0	6.8	6.6	6.8	7.0	5.8	6.6
Mountain	5.8	6.8	6.8	7.6	8.8	6.4	7.1	7.9	7.7	7.3
Pacific	4.8	5.2	6.5	6.1	6.1	6.5	5.8	6.2	6.7	5.8
Type of Practice										
Solo	5.1	5.6	6.0	6.4	7.0	6.0	6.1	6.9	6.6	6.4
Non-solo	6.0	5.7	6.4	6.1	6.2	6.2	6.3	6.5	6.6	6.0
Location										
Nonmetropolitan	5.6	5.5	5.6	5.6	5.3	6.0	5.7	5.9	5.8	5.7
Metropolitan—										
Less than 1,000,000	5.5	6.1	6.7	6.4	7.3	6.6	6.6	7.3	7.4	6.4
1,000,000 and over	5.5	5.3	5.9	6.1	6.1	5.8	6.1	6.1	6.0	6.0
Physician Age[b]										
Less than 36 years	4.1	4.3	5.9	5.6	4.7	4.7	4.8	5.2	5.0	5.2
Less than 40 years	4.9	4.7	5.8	5.7	5.6	5.0	5.6	5.9	6.3	6.0
36-45 years	6.5	6.4	6.3	6.5	6.9	5.9	6.5	6.5	6.6	6.3
46-55 years	6.2	6.8	7.4	7.5	7.7	7.7	7.8	8.1	7.8	7.1
56-65 years	5.5	5.1	5.7	5.4	6.4	6.7	5.7	7.0	6.7	6.7
66 or more years	3.0	2.6	3.5	3.2	3.7	3.1	2.9	3.4	4.0	3.5

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 14 (continued). **Standard Error of the Mean Number of Hours in Surgery per Week, 1982-1993**[a]

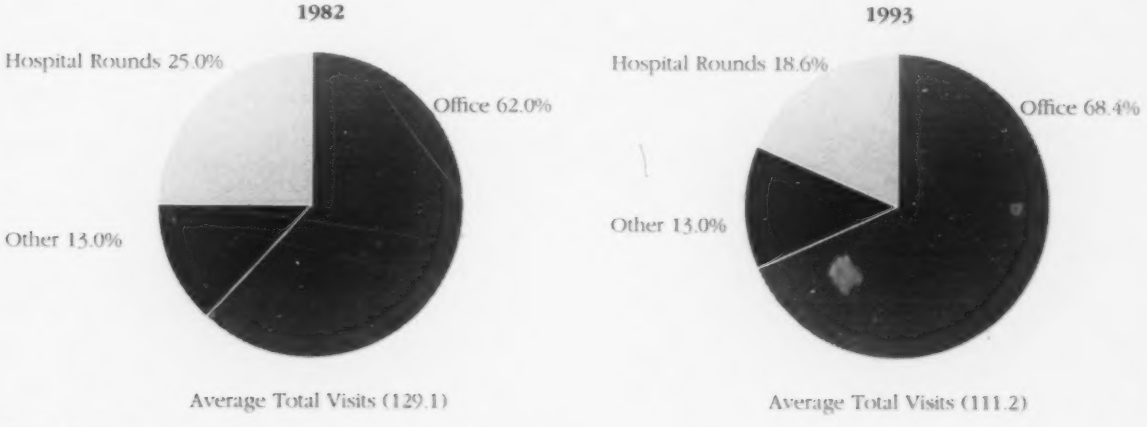
	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.16	0.16	0.18	0.18	0.18	0.17	0.18	0.19	0.19	0.18
Specialty										
General/Family Practice	0.16	0.13	0.15	0.14	0.15	0.14	0.15	0.17	0.14	0.15
Internal Medicine	0.12	0.24	0.25	0.24	0.23	0.20	0.21	0.26	0.30	0.26
Surgery	0.32	0.33	0.38	0.35	0.36	0.34	0.34	0.39	0.38	0.34
Pediatrics	0.13	0.11	0.15	0.19	0.20	0.32	0.14	0.11	0.20	0.25
Obstetrics/Gynecology	0.60	0.55	0.69	0.65	0.67	0.68	0.74	0.72	0.75	0.65
Census Division										
New England	0.68	0.68	0.75	0.73	0.68	0.68	0.70	0.80	0.91	0.72
Middle Atlantic	0.41	0.40	0.47	0.42	0.46	0.41	0.43	0.47	0.49	0.46
East North Central	0.42	0.37	0.52	0.52	0.49	0.39	0.47	0.52	0.50	0.46
West North Central	0.64	0.62	0.67	0.70	0.59	0.65	0.68	0.73	0.75	0.58
South Atlantic	0.41	0.38	0.42	0.42	0.44	0.44	0.43	0.44	0.44	0.42
East South Central	0.73	0.82	0.72	0.68	0.70	0.78	0.79	0.75	0.83	0.74
West South Central	0.49	0.52	0.47	0.46	0.52	0.54	0.57	0.60	0.56	0.60
Mountain	0.69	0.79	0.79	0.84	0.86	0.74	0.81	0.95	1.04	0.81
Pacific	0.36	0.35	0.45	0.43	0.47	0.48	0.39	0.40	0.44	0.42
Type of Practice										
Solo	0.21	0.23	0.25	0.25	0.30	0.26	0.28	0.32	0.30	0.31
Non-solo	0.26	0.23	0.26	0.25	0.23	0.23	0.23	0.23	0.25	0.22
Location										
Nonmetropolitan	0.40	0.46	0.46	0.44	0.41	0.51	0.47	0.58	0.53	0.55
Metropolitan—										
Less than 1,000,000	0.25	0.26	0.28	0.28	0.29	0.26	0.27	0.30	0.32	0.28
1,000,000 and over	0.25	0.22	0.28	0.27	0.27	0.26	0.27	0.27	0.26	0.26
Physician Age[b]										
Less than 36 years	0.35	0.37	0.51	0.49	0.37	0.41	0.40	0.46	0.54	0.50
Less than 40 years	0.30	0.26	0.33	0.32	0.32	0.30	0.33	0.33	0.38	0.36
36-45 years	0.33	0.29	0.29	0.32	0.33	0.28	0.31	0.29	0.32	0.31
46-55 years	0.36	0.37	0.42	0.39	0.40	0.40	0.40	0.43	0.42	0.35
56-65 years	0.36	0.32	0.41	0.36	0.41	0.40	0.37	0.48	0.41	0.40
66 or more years	0.31	0.33	0.46	0.38	0.45	0.40	0.37	0.55	0.52	0.55

Utilization of Physician Services

Utilization of physician services refers to the quantity of services provided by physicians to their patients. The number of patient visits is a measure that captures a large proportion of the overall utilization of physician services. In the statistics that follow, total visits are decomposed into office visits, visits on hospital rounds, and other visits. Other visits include those in hospital emergency rooms and outpatient clinics, nursing homes, extended care facilities, and all other settings.

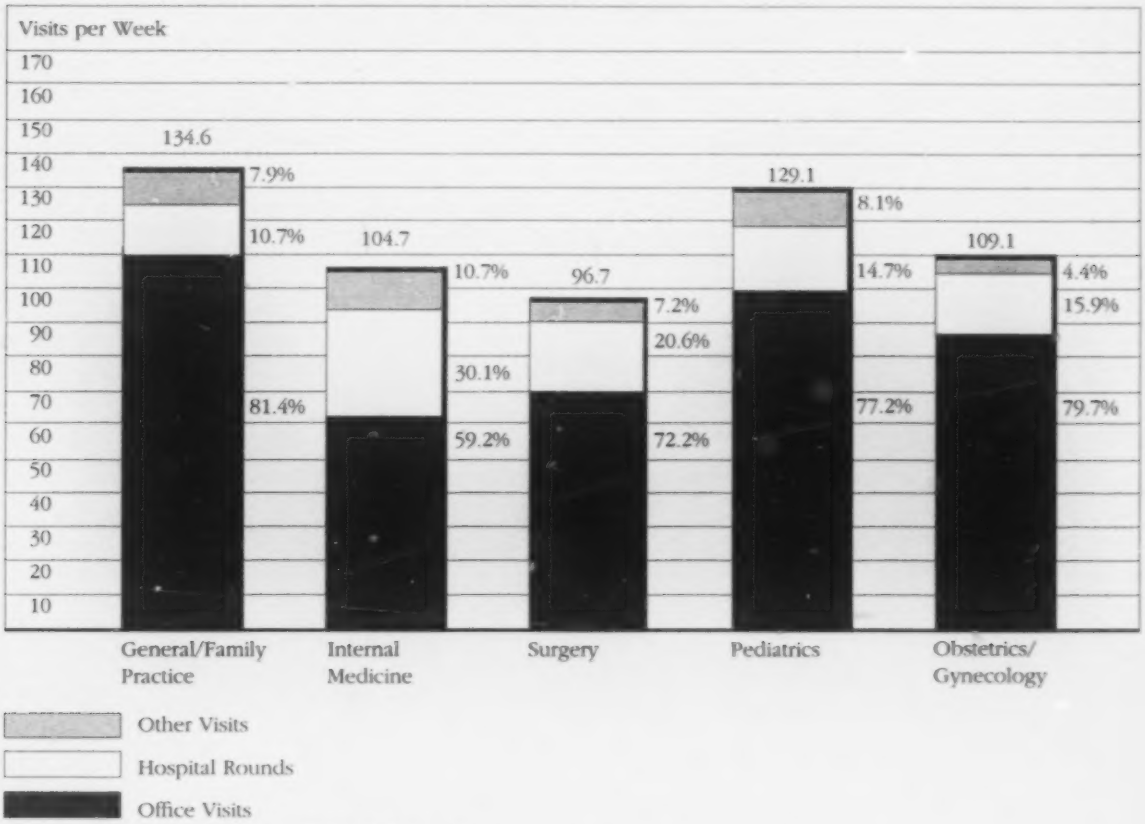
As shown in Figure 4, the average number of patient visits per physician per week was 111.2 in 1993. This represents a 13.9% decrease from 129.1 visits per week in 1982. The distribution of visits showed a slight shift toward more visits in the office and away from inpatient visits. Figure 5 indicates how the average number and distribution of visits differ across specialties. Similarly, Figure 6 indicates wide differences in the number of weekly visits per physician across geographic areas, ranging from 97.0 to 140.5, respectively, in the New England and West North Central Census Divisions.

Figure 4. **Distribution of Average Total Patient Visits per Week for All Physicians, 1982 and 1993[a]**



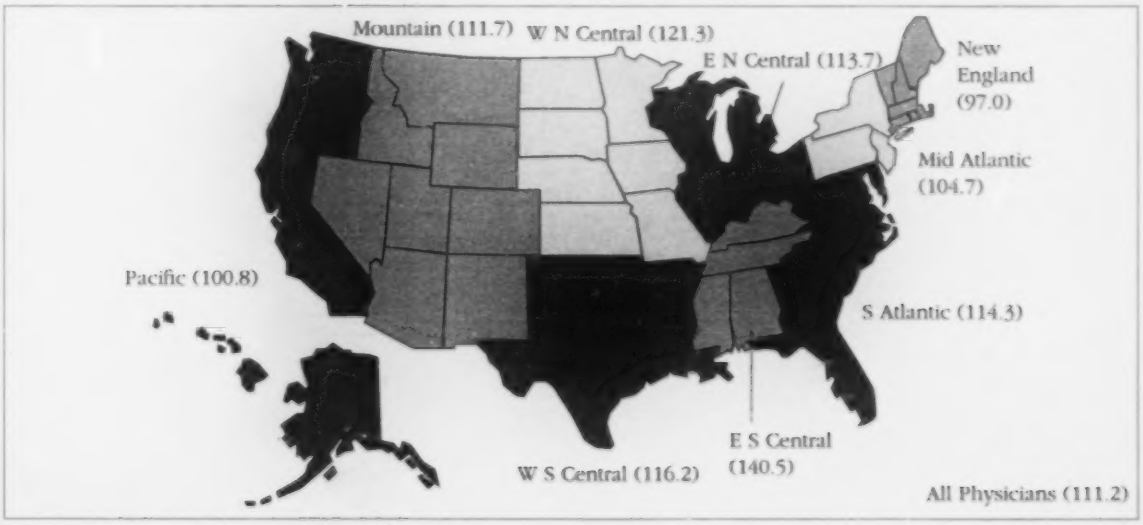
Source: AMA Socioeconomic Monitoring System 1982 and 1993 core surveys.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 5. **Distribution of Average Total Patient Visits per Week, by Specialty, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 6. **Average Total Patient Visits per Physician per Week, by Census Division, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Table 15. **Mean Number of Total Patient Visits per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	111.2	134.6	104.7	96.7	129.1	109.1
Census Division						
New England	97.0	.	84.4	97.6	112.2	.
Middle Atlantic	104.7	109.7	106.9	91.4	120.6	103.7
East North Central	113.7	140.4	104.9	89.4	154.1	112.1
West North Central	121.3	142.0	110.3	111.6	.	151.7
South Atlantic	114.3	140.8	107.1	105.0	113.4	112.4
East South Central	140.5	187.7	123.3	117.4	.	.
West South Central	116.2	137.7	109.5	96.8	156.1	118.5
Mountain	111.7	143.2	92.0	98.9	.	.
Pacific	100.8	114.3	100.7	83.9	121.4	88.3
Type of Practice						
Solo	109.6	140.5	105.5	88.0	137.5	110.0
Non-solo	112.1	131.0	104.3	103.1	126.0	108.5
Location						
Nonmetropolitan	143.0	169.9	125.1	116.2	.	.
Metropolitan—						
Less than 1,000,000	118.7	133.8	114.5	104.7	141.4	127.2
1,000,000 and over	100.0	118.8	97.0	86.2	117.0	91.8
Employment Status						
Self-employed	116.6	145.4	110.7	99.4	145.6	114.2
Non-self-employed[c]	101.0	116.7	93.9	87.1	107.3	94.6
Employee	99.7	116.4	93.8	85.8	106.6	98.1
Independent contractor	111.1	118.0	.	.	.	.
Physician Age						
Less than 36 years	106.8	125.4	103.5	91.6	110.4	107.5
Less than 40 years	110.2	132.2	105.3	97.4	121.5	104.5
36-45 years	114.7	140.2	108.0	100.3	130.8	113.0
46-55 years	115.4	140.4	104.5	102.0	141.2	120.4
56-65 years	110.3	143.8	104.0	95.6	132.7	107.9
66 or more years	93.8	114.8	90.2	75.4	115.2	65.8

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 15 (continued). **Standard Error of the Mean Number of Total Patient Visits per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	1.10	3.22	2.10	1.58	3.76	3.50
Census Division						
New England	4.03	.	7.22	6.30	14.34	.
Middle Atlantic	2.50	9.23	4.40	4.08	8.72	6.07
East North Central	2.88	7.71	5.40	3.79	8.75	7.97
West North Central	4.10	8.38	6.14	7.21	.	22.06
South Atlantic	2.54	8.67	4.72	3.70	7.77	7.63
East South Central	6.08	17.72	15.97	6.22	.	.
West South Central	3.47	8.52	7.45	5.86	13.11	8.95
Mountain	4.76	12.86	7.19	5.76	.	.
Pacific	2.41	5.25	5.78	3.17	8.37	8.60
Type of Practice						
Solo	2.01	6.28	3.53	2.63	6.82	5.92
Non-solo	1.30	3.47	2.60	1.94	4.48	4.34
Location						
Nonmetropolitan	4.62	7.86	12.47	6.30	.	.
Metropolitan—						
Less than 1,000,000	1.69	4.94	3.51	2.30	5.89	6.35
1,000,000 and over	1.42	4.56	2.55	2.20	4.93	3.42
Employment Status						
Self-employed	1.35	4.46	2.42	1.81	4.87	4.03
Non-self-employed[c]	1.85	3.97	3.93	3.18	5.37	6.83
Employee	2.01	4.49	4.08	3.25	5.68	7.14
Independent contractor	4.26	8.23	.	.	.	.
Physician Age						
Less than 36 years	3.48	7.74	9.05	5.11	9.55	13.91
Less than 40 years	2.12	5.63	4.67	2.95	7.21	6.15
36-45 years	1.69	4.91	3.22	2.44	6.89	4.73
46-55 years	2.14	6.22	3.68	3.02	7.47	9.92
56-65 years	2.69	8.98	5.05	3.56	7.54	5.66
66 or more years	4.15	9.51	7.59	6.43	10.01	7.57

Table 16. **Mean Number of Total Patient Visits per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	129.1	117.1	117.7	119.3	121.1	121.6	120.9	118.4	114.8	111.2
Specialty										
General/Family Practice	161.3	138.1	139.2	138.3	145.6	143.0	146.0	144.4	138.4	134.6
Internal Medicine	117.0	105.2	111.1	114.5	113.0	117.9	112.0	110.7	109.4	104.7
Surgery	113.1	108.2	105.8	107.8	105.0	107.7	107.6	106.9	101.6	96.7
Pediatrics	134.4	130.8	131.9	127.4	135.1	138.1	134.0	133.5	126.9	129.1
Obstetrics/Gynecology	126.6	112.0	114.8	112.7	118.9	115.6	120.0	112.2	110.5	109.1
Census Division										
New England	129.1	98.2	109.5	112.0	105.0	109.5	106.3	104.8	101.5	97.0
Middle Atlantic	120.2	110.9	110.3	109.5	113.9	116.1	111.3	110.7	110.0	104.7
East North Central	135.1	122.6	121.3	125.7	124.6	122.1	125.3	122.8	114.2	113.7
West North Central	137.7	117.6	122.0	128.9	136.0	138.2	136.2	128.7	134.1	121.3
South Atlantic	131.2	122.3	118.9	122.3	123.6	127.5	127.4	122.7	117.8	114.3
East South Central	150.4	157.5	148.9	151.1	158.4	155.4	156.1	141.7	131.5	140.5
West South Central	139.9	127.5	126.3	125.7	119.8	126.0	122.2	124.5	125.8	116.2
Mountain	128.3	109.9	111.2	115.0	118.6	120.7	111.9	120.2	110.8	111.7
Pacific	112.3	102.4	107.4	104.2	111.6	104.2	107.5	106.6	104.3	100.8
Type of Practice										
Solo	123.8	112.3	112.2	114.0	115.6	115.1	116.0	117.6	110.9	109.6
Non-solo	134.8	121.2	122.0	123.2	124.9	125.9	123.9	118.9	117.0	112.1
Location										
Nonmetropolitan	166.9	144.0	140.0	141.5	153.3	150.6	150.1	142.6	148.5	143.0
Metropolitan—										
Less than 1,000,000	134.8	123.7	124.1	127.6	127.1	129.2	127.6	123.4	121.0	118.7
1,000,000 and over	115.3	105.6	106.7	106.6	108.8	108.3	108.3	108.6	102.9	100.0
Physician Age[b]										
Less than 36 years	121.5	116.2	119.4	119.3	122.8	116.8	119.5	114.5	115.2	106.8
Less than 40 years	125.5	116.9	120.3	123.2	122.5	122.9	120.4	114.0	115.2	110.2
36-45 years	129.4	117.1	120.2	123.8	124.8	127.5	124.5	116.7	116.0	114.7
46-55 years	139.4	123.1	121.1	122.3	122.5	127.3	126.6	125.2	120.6	115.4
56-65 years	133.1	119.2	112.8	114.2	120.5	114.1	114.2	124.1	110.6	110.3
66 or more years	106.4	92.9	101.3	96.7	96.4	98.3	96.9	96.9	92.1	93.8

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 16 (continued). **Standard Error of the Mean Number of Total Patient Visits per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	1.45	1.27	1.32	1.22	1.28	1.23	1.32	1.19	1.16	1.10
Specialty										
General/Family Practice	3.30	2.79	2.97	2.93	2.94	2.83	3.27	3.25	2.97	3.22
Internal Medicine	3.08	2.99	3.11	2.50	2.36	2.52	2.29	2.32	2.30	2.10
Surgery	2.14	2.18	2.27	2.03	2.16	2.14	2.44	2.00	2.05	1.58
Pediatrics	4.05	3.68	4.09	3.67	4.00	4.53	4.65	3.91	3.05	3.76
Obstetrics/Gynecology	3.73	2.98	3.19	3.11	3.45	3.39	3.94	3.23	3.51	3.50
Census Division										
New England	5.89	4.25	4.80	4.28	3.95	3.61	4.22	4.41	3.40	4.03
Middle Atlantic	3.54	3.49	2.83	2.67	2.91	2.80	2.88	2.87	2.94	2.50
East North Central	3.31	3.32	3.24	3.30	3.23	2.97	3.07	2.74	2.70	2.88
West North Central	4.97	3.92	4.08	4.03	5.41	4.78	5.35	4.98	5.06	4.10
South Atlantic	3.57	2.91	3.78	3.21	3.28	3.27	3.74	2.74	2.88	2.54
East South Central	7.03	7.09	7.86	5.91	7.19	6.26	6.71	6.40	5.06	6.08
West South Central	5.09	4.07	3.94	4.14	3.46	4.03	4.38	4.19	4.56	3.47
Mountain	5.64	4.61	4.62	4.60	5.21	5.29	5.32	5.91	4.50	4.76
Pacific	3.29	2.40	2.79	2.38	2.83	2.60	2.53	2.39	2.33	2.41
Type of Practice										
Solo	1.94	1.83	1.76	1.75	2.06	1.90	2.06	2.15	1.99	2.01
Non-solo	2.14	1.75	1.89	1.67	1.63	1.60	1.72	1.40	1.42	1.30
Location										
Nonmetropolitan	4.92	4.29	3.91	3.78	4.52	4.40	4.79	4.67	4.90	4.62
Metropolitan—										
Less than 1,000,000	2.22	1.99	2.22	2.02	2.01	1.86	2.15	1.78	1.71	1.69
1,000,000 and over	1.93	1.69	1.68	1.54	1.68	1.66	1.62	1.60	1.54	1.42
Physician Age[b]										
Less than 36 years	3.41	2.73	3.11	2.79	2.82	2.55	3.35	2.50	3.41	3.48
Less than 40 years	2.48	2.12	2.08	2.03	2.17	2.21	2.63	1.84	2.26	2.12
36-45 years	2.50	2.21	2.03	2.06	2.10	2.17	2.16	1.78	1.86	1.69
46-55 years	3.24	2.92	3.22	2.79	2.80	2.63	2.94	2.58	2.40	2.14
56-65 years	3.29	2.93	3.05	2.63	3.05	2.64	2.85	3.46	2.46	2.69
66 or more years	4.12	3.65	4.71	4.02	5.15	4.32	4.53	4.51	4.62	4.15

Table 17. **Mean Number of Office Visits per Week, 1993**[a]

	All Physicians[b]	Specialty				
		General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	76.1	109.5	62.0	69.8	99.6	86.9
Census Division						
New England	59.3	.	48.8	64.8	85.8	.
Middle Atlantic	69.2	86.0	63.9	65.0	101.7	80.2
East North Central	78.5	112.5	60.7	63.8	116.6	92.1
West North Central	85.3	113.9	61.2	89.2	.	110.3
South Atlantic	77.0	115.1	62.0	74.7	86.1	85.6
East South Central	95.3	151.0	62.3	85.4	.	.
West South Central	78.2	113.6	62.1	67.8	132.3	95.1
Mountain	78.2	111.2	60.1	74.2	.	.
Pacific	74.4	97.2	68.8	62.0	85.9	84.1
Type of Practice						
Solo	83.6	114.4	66.8	67.9	121.3	93.4
Non-solo	72.0	106.4	59.4	71.2	91.8	82.7
Location						
Nonmetropolitan	101.2	128.5	74.9	85.9	.	.
Metropolitan—						
Less than 1,000,000	80.0	109.7	65.4	75.5	108.0	97.0
1,000,000 and over	69.0	100.0	58.8	62.2	90.6	76.9
Employment Status						
Self-employed	85.8	118.0	68.5	74.9	125.4	93.6
Non-self-employed[c]	57.6	95.1	50.3	51.4	64.9	68.1
Employee	58.3	94.0	50.8	48.6	66.4	71.6
Independent contractor	52.6	100.4	.	.	.	.
Physician Age						
Less than 36 years	64.8	101.3	56.5	61.5	69.9	86.0
Less than 40 years	70.7	108.4	59.8	66.9	82.1	84.6
36-45 years	76.2	113.7	64.3	72.3	98.5	87.5
46-55 years	78.6	113.9	58.5	71.9	113.4	100.7
56-65 years	83.8	116.8	68.8	72.0	117.3	84.4
66 or more years	70.1	93.9	58.4	57.1	95.2	52.4

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 17 (continued). **Standard Error of the Mean Number of Office Visits per Week, 1993[a]**

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	1.02	2.60	1.62	1.46	3.95	2.78
Census Division						
New England	3.91	.	5.22	6.66	16.36	.
Middle Atlantic	2.25	8.15	3.63	3.66	9.22	5.45
East North Central	2.78	6.67	4.27	3.81	9.02	6.32
West North Central	3.78	6.58	5.46	7.52	.	14.30
South Atlantic	2.34	6.69	3.87	3.20	7.74	6.31
East South Central	5.56	15.44	12.85	5.79	.	.
West South Central	3.29	6.29	5.02	4.91	15.95	7.89
Mountain	4.09	7.60	6.25	5.54	.	.
Pacific	2.32	4.27	3.69	2.99	8.96	9.57
Type of Practice						
Solo	1.76	4.89	2.70	2.40	6.40	5.31
Non-solo	1.24	2.91	2.01	1.84	4.75	3.06
Location						
Nonmetropolitan	3.90	5.94	8.91	5.87	.	.
Metropolitan—						
Less than 1,000,000	1.59	4.16	2.75	2.21	5.99	4.52
1,000,000 and over	1.36	3.81	2.01	2.00	5.53	3.37
Employment Status						
Self-employed	1.21	3.49	1.81	1.66	4.84	3.28
Non-self-employed[c]	1.71	3.53	3.09	2.73	5.33	4.58
Employee	1.80	3.83	3.21	2.53	5.53	4.75
Independent contractor	5.34	9.08	.	.	.	.
Physician Age						
Less than 36 years	3.03	5.45	6.33	4.89	10.10	8.72
Less than 40 years	1.92	4.32	3.57	2.86	7.14	4.39
36-45 years	1.65	4.17	2.60	2.38	7.11	3.62
46-55 years	1.98	4.63	2.65	2.69	7.98	8.18
56-65 years	2.40	7.47	3.97	3.32	6.48	4.66
66 or more years	3.67	7.77	6.61	5.72	10.44	7.29

Table 18. **Mean Number of Office Visits per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	80.2	73.5	75.7	77.0	79.2	79.1	79.7	79.2	76.6	76.1
Specialty										
General/Family Practice	116.2	101.8	106.3	106.4	112.3	109.1	112.5	111.6	105.2	109.5
Internal Medicine	63.4	57.2	60.0	64.1	64.9	65.9	64.3	64.3	61.3	62.0
Surgery	66.0	68.0	69.8	73.0	70.2	73.1	74.7	75.4	71.6	69.8
Pediatrics	99.7	96.9	100.7	91.8	102.2	101.8	105.1	104.4	96.4	99.6
Obstetrics/Gynecology	92.5	84.5	85.2	88.2	91.4	89.3	92.8	86.6	89.0	86.9
Census Division										
New England	77.2	59.1	70.3	72.4	69.2	66.8	69.4	76.6	63.8	59.3
Middle Atlantic	72.6	66.5	67.6	67.5	70.4	73.7	67.7	68.0	69.2	69.2
East North Central	78.4	76.6	75.5	78.1	81.3	78.8	83.7	80.2	74.8	78.5
West North Central	85.5	78.9	80.0	82.5	88.5	89.0	89.7	85.1	91.5	85.3
South Atlantic	80.6	78.4	74.8	78.7	80.9	82.5	85.3	80.6	77.1	77.0
East South Central	87.9	93.7	92.5	95.1	101.2	96.2	98.6	96.3	87.9	95.3
West South Central	91.4	78.8	81.6	84.3	80.6	83.8	78.4	82.2	83.1	78.2
Mountain	84.4	67.3	75.7	77.0	76.8	78.2	74.7	81.3	75.8	78.2
Pacific	77.7	67.5	75.6	72.2	77.7	74.4	76.8	78.0	76.4	74.4
Type of Practice										
Solo	81.2	78.7	79.2	82.7	84.5	85.3	85.6	87.7	82.0	83.6
Non-solo	79.2	69.0	72.9	72.9	75.6	74.9	76.0	74.2	73.6	72.0
Location										
Nonmetropolitan	106.0	92.9	92.5	97.2	102.6	100.1	104.5	96.1	101.7	101.2
Metropolitan—										
Less than 1,000,000	82.8	76.6	78.5	80.6	82.8	82.6	81.8	82.1	80.2	80.0
1,000,000 and over	72.1	66.5	69.1	69.1	71.1	71.3	72.3	72.9	68.7	69.0
Physician Age[b]										
Less than 36 years	66.2	60.2	68.2	70.3	76.7	70.6	73.1	70.0	73.8	64.8
Less than 40 years	69.8	64.1	71.3	72.6	73.8	73.5	74.0	71.0	72.6	70.7
36-45 years	77.5	70.3	74.4	75.2	76.3	78.9	79.5	76.5	72.8	76.2
46-55 years	89.3	81.0	81.4	82.1	81.0	83.1	82.7	85.8	80.6	78.6
56-65 years	90.5	82.9	80.5	82.1	87.2	82.2	83.7	84.3	82.6	83.8
66 or more years	76.6	69.7	67.7	71.3	73.2	72.3	72.7	74.8	71.8	70.1

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 18 (continued). **Standard Error of the Mean Number of Office Visits per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	1.12	1.05	1.07	1.02	1.09	1.03	1.14	1.06	1.03	1.02
Specialty										
General/Family Practice	2.52	2.17	2.37	2.38	2.46	2.21	2.54	2.74	2.48	2.60
Internal Medicine	2.14	2.11	1.96	1.69	1.70	1.83	1.72	1.70	1.74	1.62
Surgery	1.49	1.76	1.93	1.75	1.81	1.76	2.13	1.78	1.66	1.46
Pediatrics	3.67	3.53	3.53	3.53	3.96	3.67	4.42	3.83	3.23	3.95
Obstetrics/Gynecology	2.89	2.32	2.58	2.53	2.43	2.79	3.08	2.74	3.12	2.78
Census Division										
New England	4.51	3.98	4.48	3.92	3.43	3.42	4.16	4.25	3.67	3.91
Middle Atlantic	2.92	2.69	2.33	2.29	2.50	2.43	2.40	2.63	2.52	2.25
East North Central	2.53	2.77	2.70	2.62	2.72	2.43	2.50	2.58	2.50	2.78
West North Central	4.24	3.65	3.61	3.41	3.95	4.01	4.63	4.52	4.24	3.78
South Atlantic	2.65	2.38	2.70	2.57	2.72	2.48	3.34	2.39	2.48	2.34
East South Central	4.76	5.29	5.03	5.32	6.17	5.63	5.30	5.45	4.61	5.56
West South Central	4.15	3.44	3.26	3.41	3.05	3.17	3.68	3.69	3.56	3.29
Mountain	4.93	4.12	4.48	4.37	4.74	4.45	4.76	4.86	4.49	4.09
Pacific	2.58	2.32	2.73	2.30	2.78	2.52	2.42	2.21	2.31	2.32
Type of Practice										
Solo	1.51	1.53	1.46	1.47	1.72	1.54	1.70	1.78	1.62	1.76
Non-solo	1.67	1.44	1.52	1.41	1.41	1.35	1.50	1.31	1.32	1.24
Location										
Nonmetropolitan	3.83	3.02	3.00	3.10	3.58	3.37	3.69	3.68	3.72	3.90
Metropolitan—										
Less than 1,000,000	1.69	1.65	1.66	1.62	1.77	1.56	1.85	1.64	1.58	1.59
1,000,000 and over	1.56	1.50	1.54	1.41	1.44	1.45	1.47	1.46	1.40	1.36
Physician Age[b]										
Less than 36 years	2.50	2.24	2.61	2.58	2.57	2.34	3.04	2.34	3.22	3.03
Less than 40 years	1.87	1.67	1.82	1.80	1.89	1.81	2.33	1.75	2.06	1.92
36-45 years	2.04	1.78	1.69	1.76	1.79	1.73	1.93	1.65	1.68	1.65
46-55 years	2.38	2.43	2.42	2.23	2.25	2.20	2.34	2.24	2.12	1.98
56-65 years	2.61	2.46	2.64	2.24	2.77	2.33	2.50	3.01	2.13	2.40
66 or more years	3.24	3.20	3.39	3.24	4.21	3.71	3.88	3.70	3.78	3.67

Table 19. **Mean Number of Visits on Hospital Rounds per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	20.7	14.4	31.5	19.9	19.0	17.4
Census Division						
New England	20.1	.	27.2	22.3	8.4	.
Middle Atlantic	21.2	15.8	31.1	18.3	11.7	14.3
East North Central	23.0	18.5	37.1	20.2	27.8	16.6
West North Central	23.1	15.2	34.5	15.0	.	35.0
South Atlantic	23.2	13.8	33.9	24.5	20.3	17.8
East South Central	24.6	16.9	43.2	26.3	.	.
West South Central	22.3	12.8	34.5	23.1	18.5	20.8
Mountain	20.6	20.4	26.6	18.6	.	.
Pacific	13.1	8.4	19.8	13.9	19.3	6.9
Type of Practice						
Solo	18.2	15.4	27.5	14.6	13.3	14.6
Non-solo	22.1	13.9	33.6	23.8	21.1	19.1
Location						
Nonmetropolitan	21.9	22.1	33.3	20.5	.	.
Metropolitan—						
Less than 1,000,000	23.6	14.2	37.8	22.7	25.0	23.7
1,000,000 and over	18.2	11.0	27.3	17.3	14.2	12.1
Employment Status						
Self-employed	21.0	16.1	32.0	18.8	16.3	17.5
Non-self-employed[c]	20.2	11.7	30.6	24.0	22.5	17.0
Employee	21.4	11.6	31.3	25.0	22.3	18.0
Independent contractor	11.5	12.3	.	.	.	.
Physician Age						
Less than 36 years	23.2	15.6	33.2	23.5	26.6	18.4
Less than 40 years	23.4	14.4	35.1	23.1	24.2	15.9
36-45 years	22.8	15.9	34.0	20.3	20.9	20.4
46-55 years	21.7	13.2	33.3	22.2	16.5	19.1
56-65 years	16.8	16.0	22.7	17.6	10.5	14.1
66 or more years	13.8	11.1	21.7	13.7	16.7	6.7

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 19 (continued). **Standard Error of the Mean Number of Visits on Hospital Rounds per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.54	1.00	1.40	0.88	1.71	1.51
Census Division						
New England	2.59	.	6.03	2.98	1.79	.
Middle Atlantic	1.21	3.08	2.76	1.95	2.01	1.76
East North Central	1.44	2.72	4.05	1.77	5.30	2.14
West North Central	1.95	1.69	4.46	2.49	.	10.96
South Atlantic	1.31	2.44	3.26	2.63	3.01	2.30
East South Central	2.79	3.83	12.58	3.53	.	.
West South Central	1.83	2.97	4.46	3.98	5.61	2.97
Mountain	2.70	7.83	4.57	3.16	.	.
Pacific	0.92	1.31	2.37	1.50	4.74	1.02
Type of Practice						
Solo	0.76	1.90	1.88	1.15	1.62	1.31
Non-solo	0.71	1.11	1.88	1.23	2.24	2.30
Location						
Nonmetropolitan	1.69	2.52	5.96	3.20	.	.
Metropolitan—						
Less than 1,000,000	0.93	1.62	2.74	1.37	2.93	3.22
1,000,000 and over	0.67	1.34	1.54	1.22	2.07	0.99
Employment Status						
Self-employed	0.59	1.35	1.49	0.92	1.51	1.36
Non-self-employed[c]	1.11	1.41	3.00	2.32	3.38	4.53
Employee	1.22	1.35	3.14	2.49	3.49	4.86
Independent contractor	2.25	5.14	.	.	.	.
Physician Age						
Less than 36 years	2.15	2.20	6.58	3.83	6.54	6.68
Less than 40 years	1.26	1.42	3.67	2.00	4.40	2.68
36-45 years	0.92	1.50	2.27	1.49	3.27	2.72
46-55 years	1.03	2.42	2.40	1.70	2.13	3.97
56-65 years	0.92	2.69	2.32	1.52	1.84	1.47
66 or more years	1.55	2.29	4.28	3.51	3.61	2.29

Table 20. **Mean Number of Visits on Hospital Rounds per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	32.3	27.2	25.8	25.1	24.8	26.0	24.2	23.6	20.6	20.7
Specialty										
General/Family Practice	28.8	22.0	18.0	16.9	17.0	18.8	17.7	17.1	13.4	14.4
Internal Medicine	41.1	35.3	37.7	37.0	35.5	39.3	36.2	35.2	32.2	31.5
Surgery	40.8	31.9	27.7	28.1	26.5	26.7	24.8	24.1	19.7	19.9
Pediatrics	24.6	21.0	21.1	21.6	21.2	26.6	21.7	20.6	19.1	19.0
Obstetrics/Gynecology	27.4	23.7	23.7	19.9	22.9	19.7	19.7	18.9	15.0	17.4
Census Division										
New England	27.3	22.5	20.9	20.1	19.4	19.0	18.4	16.7	17.4	20.1
Middle Atlantic	31.7	29.5	27.2	27.2	27.3	27.8	25.8	27.0	24.3	21.2
East North Central	37.7	27.5	29.5	27.9	24.3	25.9	23.2	24.2	22.5	23.0
West North Central	37.9	27.5	26.3	28.8	32.4	32.5	26.7	24.6	22.6	23.1
South Atlantic	35.4	27.5	27.6	26.1	26.3	29.8	28.1	25.9	22.3	23.2
East South Central	44.3	44.3	33.7	34.5	32.3	31.6	29.1	32.4	22.9	24.6
West South Central	34.2	33.9	28.0	26.0	26.1	29.0	25.8	25.8	23.7	22.3
Mountain	27.5	22.4	21.7	20.5	22.7	22.8	22.1	22.4	17.8	20.6
Pacific	19.9	17.6	17.1	16.3	16.9	17.3	18.5	15.8	13.0	13.1
Type of Practice										
Solo	29.1	23.9	22.6	21.9	21.7	21.6	21.2	21.0	18.1	18.2
Non-solo	35.7	30.0	28.3	27.5	26.9	29.0	26.1	25.1	22.0	22.1
Location										
Nonmetropolitan	43.1	32.4	26.4	26.0	26.9	28.2	24.8	24.8	23.2	21.9
Metropolitan—										
Less than 1,000,000	35.1	29.4	29.1	27.5	25.1	28.7	26.6	24.8	22.3	23.6
1,000,000 and over	27.1	24.1	22.7	22.6	24.1	23.1	21.9	22.2	18.6	18.2
Physician Age[b]										
Less than 36 years	33.0	27.6	27.6	23.2	25.5	24.2	23.7	23.4	20.8	23.2
Less than 40 years	34.9	28.4	27.6	27.1	27.0	28.6	25.7	23.2	22.4	23.4
36-45 years	33.9	28.8	28.4	29.1	27.7	30.1	26.4	23.7	22.4	22.8
46-55 years	35.1	30.8	27.4	25.6	25.8	26.7	26.9	26.2	23.5	21.7
56-65 years	30.8	24.1	20.2	21.3	21.3	22.1	20.0	22.4	15.0	16.8
66 or more years	18.0	14.1	16.6	14.7	14.8	15.6	12.2	15.8	11.5	13.8

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 20 (continued). **Standard Error of the Mean Number of Visits on Hospital Rounds per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.76	0.67	0.65	0.61	0.66	0.71	0.58	0.60	0.57	0.54
Specialty										
General/Family Practice	1.31	1.14	0.94	0.84	0.82	1.10	0.90	0.89	0.94	1.00
Internal Medicine	1.88	1.90	1.70	1.56	1.46	1.63	1.45	1.51	1.41	1.40
Surgery	1.58	1.39	1.27	1.24	1.16	1.30	1.14	1.21	1.10	0.88
Pediatrics	2.18	1.91	2.34	1.91	2.06	3.51	1.96	2.06	1.56	1.71
Obstetrics/Gynecology	1.51	1.25	1.26	1.08	1.69	1.13	1.20	1.00	0.77	1.51
Census Division										
New England	2.77	2.14	2.05	1.84	1.74	1.47	2.09	1.76	1.74	2.59
Middle Atlantic	1.93	2.02	1.70	1.75	1.63	1.68	1.54	1.46	1.58	1.21
East North Central	2.01	1.54	1.94	1.74	1.31	1.52	1.27	1.31	1.36	1.44
West North Central	2.72	2.04	2.42	2.47	4.14	2.50	2.06	2.37	2.12	1.95
South Atlantic	1.98	1.50	1.81	1.51	1.60	2.37	1.68	1.57	1.58	1.31
East South Central	3.60	3.95	2.63	2.93	3.54	2.83	2.43	3.26	2.52	2.79
West South Central	2.46	2.50	1.88	1.73	2.08	2.68	1.96	2.03	2.00	1.85
Mountain	2.64	2.34	2.06	1.79	2.18	2.22	2.33	3.15	2.63	2.70
Pacific	1.39	1.04	1.07	0.97	1.31	1.16	1.12	1.13	0.85	0.92
Type of Practice										
Solo	1.01	0.81	0.77	0.74	0.82	0.80	0.86	0.83	0.81	0.76
Non-solo	1.15	1.03	1.00	0.92	0.95	1.03	0.77	0.81	0.76	0.71
Location										
Nonmetropolitan	2.23	2.13	1.48	1.57	1.79	2.13	1.57	1.63	1.86	1.69
Metropolitan—										
Less than 1,000,000	1.24	1.12	1.15	0.99	0.93	1.18	0.92	0.91	0.91	0.93
1,000,000 and over	1.04	0.89	0.86	0.88	1.05	0.93	0.83	0.89	0.78	0.67
Physician Age[b]										
Less than 36 years	1.87	1.59	1.96	1.38	1.53	1.47	1.50	1.55	1.75	2.15
Less than 40 years	1.42	1.17	1.23	1.16	1.26	1.53	1.10	1.04	1.25	1.26
36-45 years	1.38	1.16	1.12	1.20	1.16	1.44	0.96	0.92	1.01	0.92
46-55 years	1.75	1.73	1.52	1.27	1.63	1.42	1.36	1.30	1.25	1.03
56-65 years	1.72	1.28	1.03	1.01	1.15	1.11	1.12	1.48	0.81	0.92
66 or more years	1.27	1.31	1.51	1.94	1.47	1.51	1.45	2.18	1.35	1.55

Table 21. **Mean Number of Surgical Procedures per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	3.4	0.7	1.6	8.4	1.1	7.7
Census Division						
New England	3.2	.	1.2	8.7	1.4	.
Middle Atlantic	3.2	0.3	1.8	7.7	0.6	7.0
East North Central	3.7	1.0	2.0	9.4	0.9	8.4
West North Central	3.5	1.3	1.6	8.4	.	.
South Atlantic	3.5	0.4	1.8	8.3	0.8	8.3
East South Central	3.8	0.4	1.2	9.3	.	.
West South Central	3.6	0.7	2.0	8.4	1.7	10.2
Mountain	3.9	1.3	0.8	8.9	.	.
Pacific	3.0	0.6	1.2	7.6	1.8	5.6
Type of Practice						
Solo	3.4	0.9	1.5	7.2	0.8	7.0
Non-solo	3.4	0.6	1.7	9.2	1.1	8.2
Location						
Nonmetropolitan	3.6	1.5	2.7	7.9	.	.
Metropolitan—						
Less than 1,000,000	3.7	0.6	1.8	9.1	1.1	8.9
1,000,000 and over	3.1	0.5	1.5	7.7	0.9	6.7
Employment Status						
Self-employed	4.0	0.9	1.7	8.4	1.2	8.1
Non-self-employed[c]	2.3	0.4	1.6	8.1	0.9	6.8
Employee	2.5	0.4	1.5	8.4	0.8	7.2
Independent contractor	1.0	0.3	.	.	.	.
Physician Age						
Less than 36 years	2.8	0.7	1.3	8.1	1.1	8.8
Less than 40 years	3.3	0.8	1.6	8.7	1.1	8.3
36-45 years	3.6	1.0	2.1	9.0	1.4	8.5
46-55 years	3.9	0.9	1.6	9.2	1.3	8.2
56-65 years	3.6	0.5	1.0	7.6	0.2	7.2
66 or more years	1.9	0.2	0.4	5.3	0.0	3.7

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 21 (continued). **Standard Error of the Mean Number of Surgical Procedures per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.10	0.08	0.21	0.19	0.19	0.34
Census Division						
New England	0.48	.	0.73	1.10	1.03	.
Middle Atlantic	0.26	0.21	0.48	0.53	0.38	0.56
East North Central	0.27	0.24	0.58	0.53	0.27	0.75
West North Central	0.43	0.28	1.03	0.87	.	.
South Atlantic	0.25	0.13	0.49	0.45	0.32	0.79
East South Central	0.45	0.18	0.74	0.62	.	.
West South Central	0.33	0.32	0.65	0.58	0.60	1.16
Mountain	0.43	0.41	0.51	0.60	.	.
Pacific	0.22	0.13	0.38	0.39	0.74	0.82
Type of Practice						
Solo	0.17	0.16	0.35	0.30	0.24	0.50
Non-solo	0.13	0.09	0.25	0.24	0.24	0.45
Location						
Nonmetropolitan	0.37	0.23	1.44	0.69	.	.
Metropolitan—						
Less than 1,000,000	0.17	0.12	0.36	0.30	0.22	0.61
1,000,000 and over	0.14	0.11	0.24	0.27	0.31	0.37
Employment Status						
Self-employed	0.13	0.12	0.25	0.23	0.29	0.34
Non-self-employed[c]	0.16	0.09	0.36	0.35	0.21	0.87
Employee	0.17	0.11	0.36	0.37	0.21	0.91
Independent contractor	0.27	0.18	.	.	.	.
Physician Age						
Less than 36 years	0.32	0.24	0.63	0.62	0.42	2.04
Less than 40 years	0.21	0.17	0.45	0.38	0.29	0.83
36-45 years	0.18	0.18	0.40	0.32	0.42	0.49
46-55 years	0.20	0.18	0.33	0.34	0.35	0.73
56-65 years	0.22	0.15	0.33	0.43	0.09	0.50
66 or more years	0.28	0.09	0.35	0.77	0.00	1.04

Table 22. **Mean Number of Surgical Procedures per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	3.1	3.0	3.5	3.5	3.5	3.5	3.6	3.7	3.6	3.4
Specialty										
General/Family Practice	1.4	1.1	1.2	1.1	1.2	0.9	0.8	0.9	0.9	0.7
Internal Medicine	0.5	0.7	1.1	1.5	1.1	1.0	1.2	1.7	1.5	1.6
Surgery	7.0	7.1	8.3	8.2	8.4	8.5	8.5	8.7	8.8	8.4
Pediatrics	0.5	0.6	0.7	0.9	0.7	0.6	0.7	0.4	0.9	1.1
Obstetrics/Gynecology	8.2	7.2	8.5	8.2	8.5	8.4	9.5	8.8	8.0	7.7
Census Division										
New England	2.8	2.4	2.7	2.9	3.1	2.6	2.3	2.7	3.0	3.2
Middle Atlantic	2.8	2.7	3.0	2.7	2.8	2.8	3.1	3.2	3.3	3.2
East North Central	3.4	2.7	3.8	4.2	4.0	3.5	3.9	4.2	3.5	3.7
West North Central	3.9	3.4	3.9	4.1	3.7	3.9	4.4	4.1	4.2	3.5
South Atlantic	3.1	3.1	3.6	3.6	3.5	3.7	3.6	3.6	3.5	3.5
East South Central	3.5	3.8	4.3	3.3	3.6	4.2	4.1	3.8	4.2	3.8
West South Central	3.2	3.5	3.6	3.8	3.9	4.0	3.9	4.0	3.7	3.6
Mountain	3.3	3.7	3.9	3.9	4.6	3.7	4.1	3.7	5.0	3.9
Pacific	2.8	2.7	3.1	3.4	3.3	3.5	3.2	3.6	3.5	3.0
Type of Practice										
Solo	2.7	2.9	3.2	3.5	3.7	3.3	3.3	3.7	3.7	3.4
Non-solo	3.6	3.1	3.7	3.5	3.4	3.6	3.7	3.7	3.6	3.4
Location										
Nonmetropolitan	3.3	3.2	3.4	3.7	3.6	3.4	3.4	3.3	3.4	3.6
Metropolitan—										
Less than 1,000,000	3.4	3.3	4.1	3.8	4.1	4.1	4.0	4.1	4.1	3.7
1,000,000 and over	2.8	2.7	3.0	3.2	3.0	2.9	3.2	3.3	3.2	3.1
Physician Age[b]										
Less than 36 years	2.5	2.1	3.2	2.8	2.5	2.5	2.7	3.0	2.5	2.8
Less than 40 years	2.9	2.6	3.2	3.2	2.8	2.7	3.2	3.3	3.2	3.3
36-45 years	3.7	3.4	3.6	3.8	3.6	3.3	3.8	3.7	3.5	3.6
46-55 years	3.5	3.6	4.1	4.2	4.2	4.4	4.3	4.4	4.3	3.9
56-65 years	3.0	2.7	3.1	3.2	3.6	3.7	3.3	3.9	4.0	3.6
66 or more years	1.5	1.2	2.1	2.1	2.2	1.9	1.8	1.7	2.1	1.9

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 22 (continued). **Standard Error of the Mean Number of Surgical Procedures per Week, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.10	0.09	0.11	0.11	0.10	0.10	0.11	0.11	0.12	0.10
Specialty										
General/Family Practice	0.17	0.14	0.09	0.09	0.11	0.08	0.08	0.12	0.09	0.08
Internal Medicine	0.11	0.11	0.20	0.21	0.16	0.16	0.17	0.20	0.20	0.21
Surgery	0.21	0.18	0.25	0.21	0.20	0.21	0.21	0.22	0.27	0.19
Pediatrics	0.09	0.10	0.10	0.16	0.12	0.11	0.16	0.07	0.12	0.19
Obstetrics/Gynecology	0.35	0.27	0.35	0.31	0.28	0.36	0.40	0.37	0.40	0.34
Census Division										
New England	0.39	0.35	0.43	0.40	0.44	0.32	0.33	0.41	0.45	0.48
Middle Atlantic	0.26	0.20	0.27	0.23	0.22	0.22	0.27	0.25	0.27	0.26
East North Central	0.28	0.20	0.30	0.33	0.27	0.24	0.26	0.30	0.27	0.27
West North Central	0.36	0.35	0.41	0.45	0.38	0.38	0.45	0.41	0.54	0.43
South Atlantic	0.24	0.20	0.33	0.26	0.23	0.25	0.26	0.27	0.24	0.25
East South Central	0.44	0.50	0.51	0.44	0.48	0.53	0.51	0.49	0.43	0.45
West South Central	0.30	0.40	0.28	0.29	0.28	0.34	0.33	0.34	0.38	0.33
Mountain	0.41	0.37	0.41	0.38	0.46	0.43	0.46	0.42	1.02	0.43
Pacific	0.28	0.23	0.20	0.23	0.24	0.27	0.23	0.25	0.24	0.22
Type of Practice										
Solo	0.12	0.13	0.13	0.14	0.16	0.14	0.16	0.17	0.21	0.17
Non-solo	0.18	0.13	0.17	0.15	0.13	0.14	0.14	0.14	0.14	0.13
Location										
Nonmetropolitan	0.23	0.27	0.29	0.29	0.30	0.30	0.31	0.33	0.31	0.37
Metropolitan—										
Less than 1,000,000	0.18	0.16	0.19	0.18	0.17	0.17	0.17	0.17	0.20	0.17
1,000,000 and over	0.14	0.12	0.14	0.14	0.13	0.13	0.15	0.15	0.15	0.14
Physician Age[b]										
Less than 36 years	0.27	0.18	0.30	0.26	0.20	0.21	0.25	0.28	0.27	0.32
Less than 40 years	0.20	0.16	0.19	0.19	0.17	0.17	0.20	0.21	0.19	0.21
36-45 years	0.22	0.19	0.18	0.19	0.18	0.17	0.19	0.18	0.18	0.18
46-55 years	0.22	0.20	0.27	0.22	0.22	0.23	0.22	0.23	0.23	0.20
56-65 years	0.19	0.18	0.22	0.23	0.23	0.22	0.22	0.27	0.35	0.22
66 or more years	0.16	0.16	0.30	0.30	0.30	0.30	0.27	0.25	0.28	0.28

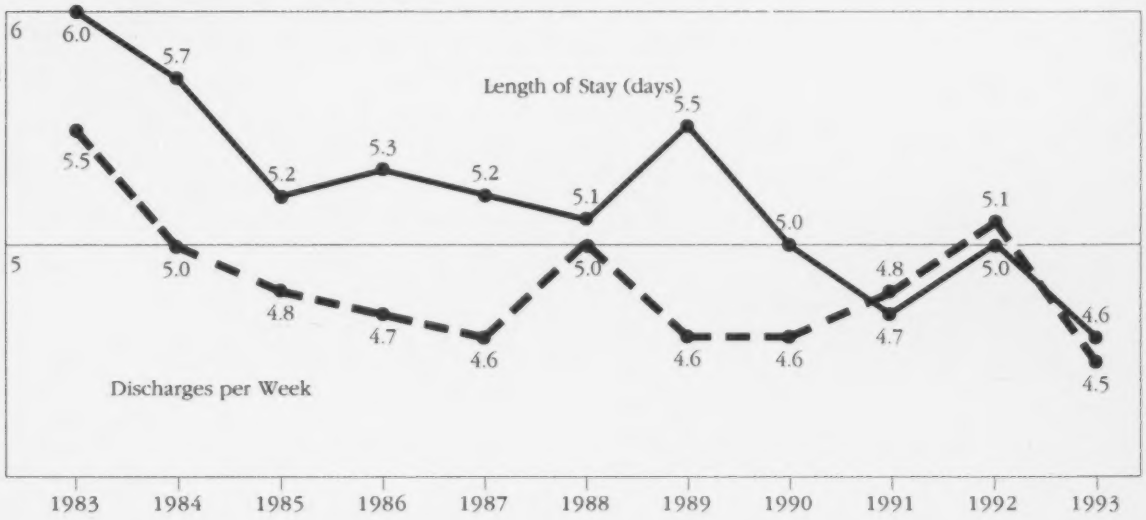
Hospital Utilization by Physicians

Physicians have a significant influence on the utilization of hospital resources. Two measures indicating the extent of hospital utilization of physicians' patients are the number of patients discharged from the hospital and the average length of their hospital stays.

Declining hospital utilization is reflected in the trend for both the average number of discharges per physician per week and the length of stay of patients (see Figure 7). However, it appears that hospital utilization may be leveling off. Weekly discharges declined to 4.6, down from 5.1 in 1992.

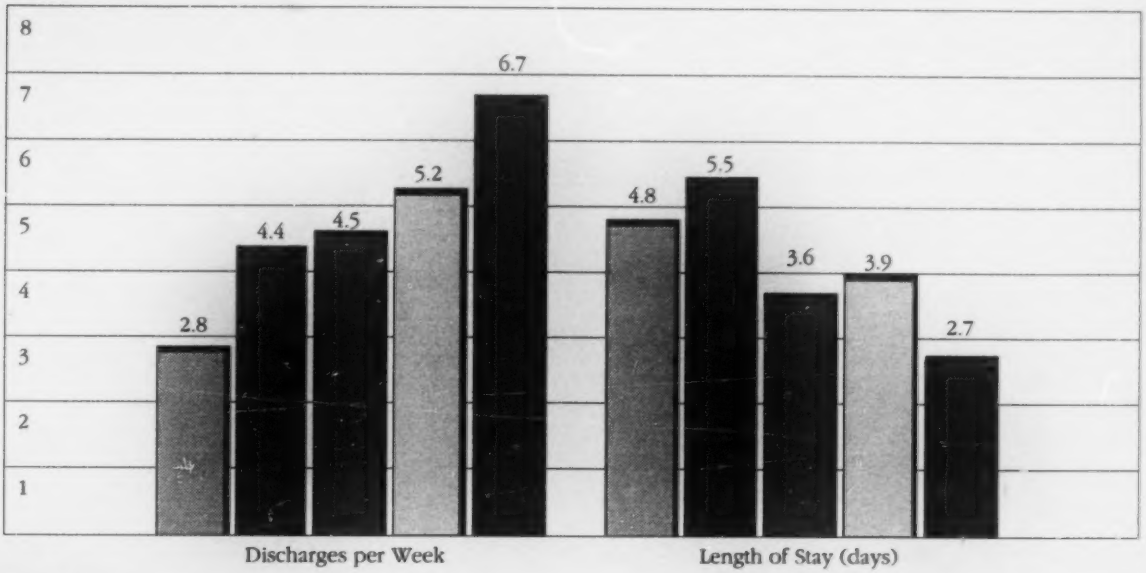
Average length of stay declined to 4.5 days in 1993. Figure 8 shows average discharge rates and lengths of stay of physicians by specialty. General/family practitioners have the fewest hospitalized patients, but their patients have the second longest average lengths of stay. At the other extreme, obstetricians/gynecologists have the most hospitalized patients and their patients have the shortest stays. Figure 9 indicates that geographic differences in average hospital lengths of stay are substantial.

Figure 7. **Average Hospital Discharges per Week and Length of Stay (in days) of Discharged Patients for all Physicians, 1983-1993[a]**



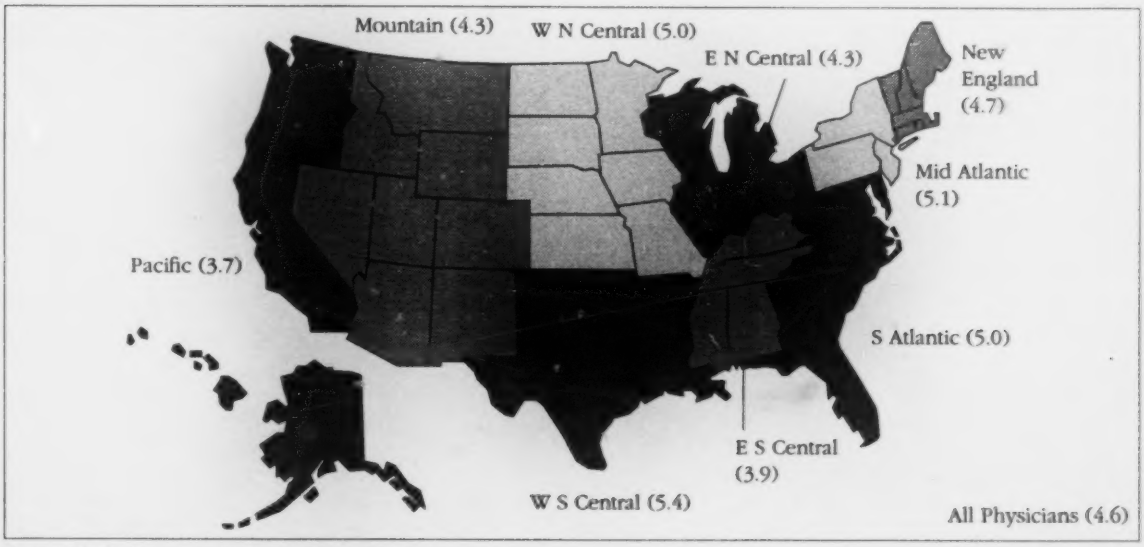
Source: 1983–1993, AMA Socioeconomic Monitoring System core surveys.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 8. **Average Hospital Discharges per Week and Length of Hospital Stay (in days) of Discharged Patients, by Census Division, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 9. **Average Length of Hospital Stay (in days) per Discharged Patient, by Census Division, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Table 23. **Mean Number of Patients Discharged from the Hospital per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	4.5	2.8	4.4	4.5	5.2	6.7
Census Division						
New England	4.8	.	2.5	4.5	3.0	.
Middle Atlantic	4.0	1.5	4.0	4.5	3.9	6.3
East North Central	5.0	3.7	4.4	5.2	6.9	7.6
West North Central	5.1	4.2	5.7	5.1	.	8.2
South Atlantic	4.9	2.8	4.9	4.1	4.8	7.1
East South Central	5.8	3.9	5.0	6.8	.	.
West South Central	5.0	2.4	6.2	4.8	6.0	9.4
Mountain	4.1	3.4	3.6	3.7	.	.
Pacific	3.4	2.0	3.6	3.5	4.5	4.6
Type of Practice						
Solo	4.0	3.0	4.6	3.8	4.9	6.2
Non-solo	4.8	2.7	4.3	5.0	5.3	7.0
Location						
Nonmetropolitan	5.5	4.9	6.3	4.6	.	.
Metropolitan—						
Less than 1,000,000	5.2	2.6	5.0	5.1	6.6	7.6
1,000,000 and over	3.8	2.0	3.9	4.0	3.8	5.7
Employment Status						
Self-employed	4.6	3.2	4.9	4.5	5.9	7.1
Non-self-employed[c]	4.5	2.2	3.5	4.7	4.2	5.5
Employee	4.4	2.3	3.5	4.9	4.4	5.9
Independent contractor	5.7	1.4	.	.	.	.
Physician Age						
Less than 36 years	3.7	2.7	2.8	4.2	3.6	7.9
Less than 40 years	4.5	3.0	3.5	4.3	4.4	7.2
36-45 years	5.0	3.4	4.2	4.5	5.7	7.6
46-55 years	5.2	2.8	5.8	5.1	6.4	6.7
56-65 years	4.1	2.8	4.9	4.1	4.2	5.9
66 or more years	2.8	1.9	3.2	3.9	3.4	3.1

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 23 (continued). **Standard Error of the Mean Number of Patients Discharged from the Hospital per Week, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.15	0.19	0.25	.16	0.36	0.34
Census Division						
New England	0.99	.	0.43	0.49	0.68	.
Middle Atlantic	0.30	0.28	0.44	0.42	0.67	0.70
East North Central	0.38	0.50	0.59	0.46	1.02	0.88
West North Central	0.51	0.50	1.58	0.69	.	1.43
South Atlantic	0.40	0.47	0.56	0.35	0.75	0.83
East South Central	0.76	1.07	1.07	0.81	.	.
West South Central	0.43	0.42	1.17	0.55	1.18	1.30
Mountain	0.50	0.90	0.70	0.57	.	.
Pacific	0.29	0.39	0.42	0.26	0.63	0.76
Type of Practice						
Solo	0.17	0.32	0.47	0.24	0.50	0.50
Non-solo	0.21	0.22	0.29	0.20	0.46	0.46
Location						
Nonmetropolitan	0.56	0.57	1.09	0.53	.	.
Metropolitan—						
Less than 1,000,000	0.25	0.26	0.45	0.24	0.63	0.56
1,000,000 and over	0.19	0.24	0.30	0.22	0.42	0.44
Employment Status						
Self-employed	0.13	0.24	0.28	0.18	0.46	0.37
Non-self-employed[c]	0.37	0.28	0.49	0.35	0.58	0.76
Employee	0.35	0.31	0.51	0.37	0.62	0.81
Independent contractor	1.66	0.63	.	.	.	.
Physician Age						
Less than 36 years	0.40	0.50	0.50	0.55	0.58	1.49
Less than 40 years	0.32	0.34	0.33	0.32	0.56	0.75
36-45 years	0.29	0.33	0.33	0.28	0.70	0.63
46-55 years	0.29	0.34	0.61	0.27	0.79	0.66
56-65 years	0.25	0.48	0.67	0.32	0.76	0.51
66 or more years	0.28	0.51	0.52	0.68	0.79	0.97

Table 24. **Mean Number of Patients Discharged from the Hospital per Week, 1983-1993**[a]

	1983	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	5.5	4.8	4.7	4.6	5.0	4.6	4.6	4.8	5.1	4.5
Specialty										
General/Family Practice	4.5	3.9	3.3	3.3	3.6	3.4	3.5	4.0	3.8	2.8
Internal Medicine	5.2	4.7	4.8	4.8	5.3	5.2	4.6	4.7	4.9	4.4
Surgery	6.1	5.4	5.3	5.5	5.5	5.1	4.8	5.5	4.8	4.5
Pediatrics	5.8	5.1	6.1	5.8	4.9	5.5	6.3	4.9	6.1	5.2
Obstetrics/Gynecology	7.7	6.8	7.4	7.0	7.4	7.5	7.8	7.1	6.6	6.7
Census Division										
New England	6.0	3.7	4.2	3.5	3.9	3.6	4.3	3.6	5.6	4.8
Middle Atlantic	5.1	4.5	4.6	4.2	4.4	4.2	3.8	3.9	5.4	4.0
East North Central	6.1	5.2	5.0	4.5	4.9	4.7	4.7	5.6	5.6	5.0
West North Central	5.9	5.8	4.7	5.4	5.3	5.1	5.5	5.6	5.4	5.1
South Atlantic	5.4	4.9	5.0	4.9	5.4	5.3	4.8	4.8	4.8	4.9
East South Central	7.1	7.0	7.0	6.4	6.8	6.5	5.8	6.3	5.6	5.8
West South Central	6.7	5.9	5.6	5.0	5.6	5.3	5.1	5.5	6.1	5.0
Mountain	4.7	3.6	4.0	4.5	4.6	4.3	3.8	5.6	4.4	4.1
Pacific	4.0	3.4	3.4	3.9	4.4	3.6	4.1	3.6	3.6	3.4
Type of Practice										
Solo	4.8	4.2	4.3	4.2	4.5	4.1	4.1	4.4	3.9	4.0
Non-solo	6.1	5.2	5.1	4.9	5.3	5.0	4.9	5.0	5.7	4.8
Location										
Nonmetropolitan	7.1	6.1	5.5	6.0	5.6	6.0	5.5	5.8	5.5	5.5
Metropolitan—										
Less than 1,000,000	6.0	4.9	5.5	5.0	5.2	5.1	4.9	5.4	5.5	5.2
1,000,000 and over	4.6	4.3	3.9	3.9	4.6	3.9	4.1	4.0	4.6	3.8
Physician Age[b]										
Less than 36 years	5.2	5.2	4.5	3.9	4.6	3.9	4.2	4.4	5.5	3.7
Less than 40 years	5.6	5.1	4.5	4.5	5.0	4.5	4.5	4.7	5.1	4.5
36-45 years	5.9	5.0	5.0	5.1	5.5	5.1	4.9	5.0	5.3	5.0
46-55 years	5.6	4.9	5.3	5.1	5.3	4.9	5.3	5.1	5.7	5.2
56-65 years	5.9	4.5	4.3	4.2	4.4	4.5	3.9	4.7	3.9	4.1
66 or more years	2.9	2.5	3.6	2.6	2.9	2.8	2.7	3.2	2.9	2.8

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 24 (continued). **Standard Error of the Mean Number of Patients Discharged from the Hospital per Week, 1983-1993**[a]

	1983	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.15	0.15	0.14	0.13	0.14	0.11	0.12	0.14	0.20	0.15
Specialty										
General/Family Practice	0.20	0.21	0.17	0.21	0.16	0.16	0.23	0.22	0.44	0.19
Internal Medicine	0.27	0.34	0.21	0.30	0.25	0.28	0.23	0.19	0.38	0.25
Surgery	0.20	0.19	0.22	0.20	0.23	0.18	0.16	0.30	0.22	0.16
Pediatrics	0.46	0.32	0.57	0.58	0.30	0.29	0.56	0.30	0.47	0.36
Obstetrics/Gynecology	0.41	0.33	0.46	0.35	0.31	0.39	0.47	0.33	0.33	0.34
Census Division										
New England	1.09	0.40	0.70	0.34	0.46	0.42	0.81	0.72	1.15	0.99
Middle Atlantic	0.45	0.35	0.48	0.36	0.33	0.25	0.21	0.23	0.63	0.30
East North Central	0.35	0.55	0.24	0.24	0.24	0.22	0.29	0.42	0.54	0.38
West North Central	0.36	0.59	0.45	0.40	0.33	0.35	0.44	0.42	0.39	0.51
South Atlantic	0.31	0.31	0.37	0.38	0.47	0.29	0.35	0.34	0.43	0.40
East South Central	0.57	0.54	0.67	0.62	0.72	0.59	0.42	0.75	0.58	0.76
West South Central	0.54	0.55	0.44	0.38	0.41	0.37	0.34	0.36	0.82	0.43
Mountain	0.58	0.39	0.37	0.41	0.44	0.42	0.38	0.89	0.58	0.50
Pacific	0.24	0.18	0.21	0.32	0.33	0.23	0.34	0.27	0.27	0.29
Type of Practice										
Solo	0.16	0.14	0.15	0.14	0.15	0.15	0.16	0.18	0.15	0.17
Non-solo	0.25	0.25	0.22	0.20	0.21	0.15	0.18	0.19	0.29	0.21
Location										
Nonmetropolitan	0.35	0.37	0.34	0.42	0.30	0.35	0.33	0.37	0.38	0.56
Metropolitan—										
Less than 1,000,000	0.25	0.20	0.24	0.21	0.24	0.17	0.19	0.27	0.31	0.25
1,000,000 and over	0.21	0.24	0.19	0.18	0.19	0.14	0.18	0.14	0.29	0.19
Physician Age[b]										
Less than 36 years	0.37	0.48	0.25	0.26	0.35	0.21	0.27	0.29	0.86	0.40
Less than 40 years	0.29	0.36	0.22	0.25	0.27	0.18	0.24	0.30	0.47	0.32
36-45 years	0.30	0.29	0.25	0.27	0.30	0.19	0.22	0.27	0.37	0.29
46-55 years	0.24	0.22	0.26	0.26	0.27	0.21	0.29	0.23	0.34	0.29
56-65 years	0.39	0.25	0.34	0.23	0.21	0.26	0.22	0.32	0.23	0.25
66 or more years	0.23	0.22	0.63	0.22	0.25	0.24	0.26	0.36	0.29	0.28

Table 25. **Mean Number of Days for Hospital Stays per Patient, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	4.6	4.8	5.5	3.6	3.9	2.7
Census Division						
New England	4.7	.	5.7	4.0	.	.
Middle Atlantic	5.1	5.9	6.5	3.5	4.6	2.9
East North Central	4.3	4.4	5.8	3.8	3.4	2.4
West North Central	5.0	7.4	5.0	3.3	.	.
South Atlantic	5.0	5.0	5.3	4.0	4.3	4.1
East South Central	3.9	4.5	5.7	3.2	.	.
West South Central	5.4	4.4	5.3	3.7	4.8	2.3
Mountain	4.3	3.6	4.5	3.5	.	.
Pacific	3.7	3.5	4.3	3.4	3.1	1.9
Type of Practice						
Solo	4.5	4.7	5.8	3.4	2.8	3.3
Non-solo	4.7	4.8	5.3	3.8	4.3	2.4
Location						
Nonmetropolitan	3.8	4.1	4.6	3.4	.	.
Metropolitan—						
Less than 1,000,000	4.8	5.7	5.6	3.7	4.2	2.5
1,000,000 and over	4.6	4.2	5.4	3.5	3.7	3.0
Employment Status						
Self-employed	4.4	5.0	5.5	3.5	3.0	2.8
Non-self-employed[c]	5.3	4.5	5.3	3.9	5.4	2.4
Employee	5.0	4.5	5.2	3.9	5.5	2.4
Independent contractor	8.2	.	.	.	.	.
Physician Age						
Less than 36 years	4.7	3.8	5.3	3.4	6.2	2.6
Less than 40 years	5.0	5.1	5.3	3.7	5.8	3.5
36-45 years	4.8	5.4	5.2	3.6	4.2	3.1
46-55 years	4.5	4.1	5.7	3.8	2.8	2.4
56-65 years	4.3	4.7	5.9	3.8	2.6	2.7
66 or more years	4.6	5.3	6.2	2.9	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 25 (continued). **Standard Error of the Mean Number of Days for Hospital Stays per Patient, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.13	0.38	0.13	0.09	0.39	0.23
Census Division						
New England	0.42	.	0.68	0.35	.	.
Middle Atlantic	0.25	0.66	0.30	0.21	1.48	0.13
East North Central	0.16	0.33	0.34	0.25	0.46	0.10
West North Central	0.69	2.63	0.32	0.26	.	.
South Atlantic	0.27	0.58	0.28	0.25	0.91	1.24
East South Central	0.21	0.35	0.67	0.30	.	.
West South Central	0.84	0.69	0.54	0.21	2.25	0.18
Mountain	0.64	0.34	0.35	0.28	.	.
Pacific	0.16	0.22	0.20	0.20	0.38	0.14
Type of Practice						
Solo	0.13	0.32	0.19	0.13	0.12	0.60
Non-solo	0.19	0.58	0.18	0.12	0.56	0.07
Location						
Nonmetropolitan	0.19	0.41	0.37	0.20	.	.
Metropolitan—						
Less than 1,000,000	0.25	0.84	0.19	0.13	0.53	0.08
1,000,000 and over	0.16	0.20	0.19	0.13	0.64	0.46
Employment Status						
Self-employed	0.11	0.53	0.14	0.10	0.24	0.30
Non-self-employed[c]	0.38	0.36	0.30	0.20	1.01	0.13
Employee	0.27	0.40	0.30	0.20	1.06	0.13
Independent contractor	3.67	.	.	.	.	.
Physician Age						
Less than 36 years	0.44	0.30	0.58	0.27	1.98	0.21
Less than 40 years	0.34	1.18	0.27	0.19	1.24	0.87
36-45 years	0.23	0.96	0.21	0.15	0.70	0.61
46-55 years	0.30	0.21	0.24	0.15	0.12	0.11
56-65 years	0.14	0.29	0.30	0.21	0.18	0.11
66 or more years	0.38	1.19	0.45	0.27	.	.

Table 26. **Mean Number of Days for Hospital Stays per Patient, 1983-1993**[a]

	1983	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	6.0	5.2	5.3	5.2	5.1	5.5	5.0	4.7	4.7	4.6
Specialty										
General/Family Practice	7.7	5.1	5.3	5.4	5.2	5.4	5.3	4.8	4.9	4.8
Internal Medicine	7.3	6.5	6.6	6.4	6.4	6.2	6.2	5.9	6.1	5.5
Surgery	4.7	4.3	4.0	4.2	4.1	4.2	4.1	3.9	3.8	3.6
Pediatrics	4.4	4.5	4.7	5.9	4.6	8.2	4.2	4.1	4.2	3.9
Obstetrics/Gynecology	3.8	3.4	3.5	3.3	3.1	3.2	3.1	2.9	2.7	2.7
Census Division										
New England	7.4	5.2	5.5	5.1	4.6	5.3	4.8	4.4	4.8	4.7
Middle Atlantic	6.6	5.8	6.1	5.5	5.9	8.1	6.3	5.7	5.9	5.1
East North Central	5.9	5.7	5.5	6.9	4.9	5.4	5.1	5.0	4.5	4.3
West North Central	5.7	5.1	4.8	5.4	6.2	4.4	4.8	4.6	5.0	5.0
South Atlantic	6.6	5.2	5.4	4.8	4.5	5.0	5.0	4.7	5.0	5.0
East South Central	5.3	5.9	6.5	5.9	4.8	5.0	4.7	4.5	4.3	3.9
West South Central	4.9	4.5	4.7	4.3	6.0	4.5	4.9	4.4	4.6	5.4
Mountain	5.5	4.1	4.5	4.1	4.1	4.9	4.1	4.0	3.3	4.3
Pacific	5.8	4.4	4.4	4.2	4.8	4.5	4.0	4.2	4.3	3.7
Type of Practice										
Solo	5.3	4.8	4.8	4.8	4.6	4.8	5.0	4.4	4.5	4.5
Non-solo	6.7	5.5	5.6	5.6	5.5	5.9	5.0	4.9	4.9	4.7
Location										
Nonmetropolitan	5.1	4.4	4.9	4.6	4.5	4.1	4.7	4.5	4.1	3.8
Metropolitan—										
Less than 1,000,000	5.8	5.2	5.4	5.6	4.8	6.1	4.9	4.8	4.7	4.8
1,000,000 and over	6.5	5.4	5.3	5.0	5.6	5.2	5.2	4.8	4.9	4.6
Physician Age[b]										
Less than 36 years	5.6	5.0	5.3	4.7	5.1	4.9	5.6	5.1	5.2	4.7
Less than 40 years	5.4	5.1	5.3	5.0	5.1	6.8	5.3	4.9	5.0	5.0
36-45 years	6.1	5.2	5.1	5.6	5.2	6.3	5.0	4.9	4.8	4.8
46-55 years	5.6	5.2	5.2	5.1	5.2	4.9	4.8	4.5	4.2	4.5
56-65 years	6.4	5.0	5.2	4.9	4.7	5.1	4.6	4.4	5.0	4.3
66 or more years	7.1	5.8	7.0	5.7	5.5	5.0	6.0	4.6	5.2	4.6

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 26 (continued). **Standard Error of the Mean Number of Days for Hospital Stays per Patient, 1983-1993**[a]

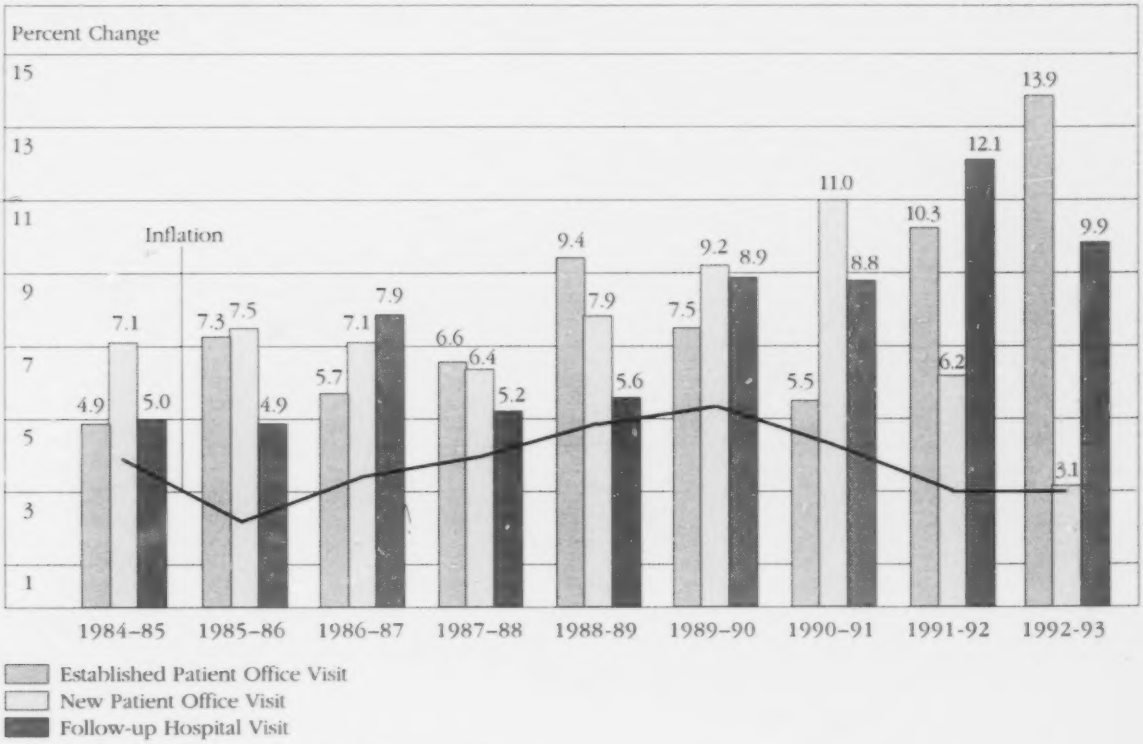
	1983	1985	1986	1987	1988	1989	1990	1991	1992	1993
All Physicians	0.27	0.10	0.14	0.20	0.16	0.45	0.12	0.09	0.13	0.13
Specialty										
General/Family Practice	1.19	0.19	0.21	0.40	0.34	0.37	0.28	0.28	0.43	0.38
Internal Medicine	0.32	0.18	0.26	0.26	0.41	0.23	0.21	0.13	0.26	0.13
Surgery	0.13	0.14	0.10	0.11	0.10	0.13	0.11	0.11	0.13	0.09
Pediatrics	0.31	0.43	0.62	1.48	0.65	3.64	0.34	0.36	0.46	0.39
Obstetrics/Gynecology	0.09	0.07	0.14	0.07	0.06	0.06	0.16	0.11	0.06	0.23
Census Division										
New England	1.62	0.44	0.57	0.45	0.20	0.50	0.39	0.33	0.47	0.42
Middle Atlantic	0.33	0.30	0.45	0.20	0.38	2.60	0.43	0.24	0.43	0.25
East North Central	0.22	0.30	0.26	1.08	0.19	0.36	0.34	0.31	0.17	0.16
West North Central	0.37	0.37	0.29	0.65	0.75	0.26	0.32	0.36	0.68	0.69
South Atlantic	0.85	0.22	0.35	0.14	0.12	0.24	0.20	0.16	0.37	0.27
East South Central	0.25	0.53	1.11	0.89	0.27	0.40	0.31	0.25	0.43	0.21
West South Central	0.17	0.15	0.22	0.20	1.01	0.30	0.40	0.20	0.22	0.84
Mountain	0.45	0.24	0.36	0.34	0.36	0.67	0.28	0.26	0.23	0.64
Pacific	1.18	0.24	0.18	0.16	0.41	0.41	0.20	0.25	0.36	0.16
Type of Practice										
Solo	0.11	0.11	0.10	0.15	0.17	0.15	0.20	0.10	0.16	0.13
Non-solo	0.50	0.17	0.24	0.34	0.24	0.75	0.14	0.14	0.19	0.19
Location										
Nonmetropolitan	0.14	0.12	0.34	0.40	0.38	0.11	0.42	0.47	0.27	0.19
Metropolitan—										
Less than 1,000,000	0.36	0.17	0.23	0.42	0.15	0.98	0.14	0.12	0.19	0.25
1,000,000 and over	0.49	0.16	0.19	0.12	0.30	0.18	0.19	0.13	0.22	0.16
Physician Age[b]										
Less than 36 years	0.23	0.18	0.33	0.21	0.28	0.25	0.50	0.28	0.45	0.44
Less than 40 years	0.15	0.17	0.25	0.17	0.20	1.56	0.27	0.16	0.28	0.34
36-45 years	0.57	0.20	0.20	0.48	0.33	1.15	0.18	0.17	0.22	0.23
46-55 years	0.40	0.21	0.24	0.23	0.31	0.21	0.18	0.16	0.13	0.30
56-65 years	0.71	0.20	0.25	0.15	0.16	0.38	0.17	0.15	0.41	0.14
66 or more years	0.80	0.36	1.15	0.81	0.77	0.26	0.57	0.32	0.69	0.38

Fees for Physician Visits

Office visits with new and established patients and follow-up hospital visits are the most commonly billed physician services and account for a large proportion of physician revenue. Fees reported for these services prior to 1993 are "current usual fees." Fees reported for 1993 are fees charged to patients with private medical insurance (e.g., Blue Cross and Blue Shield). Fees charged to Medicare or Medicaid patients will most likely be less than fees charged to privately insured patients. The fees charged may also be less than the actual amounts reimbursed by third-party payers.

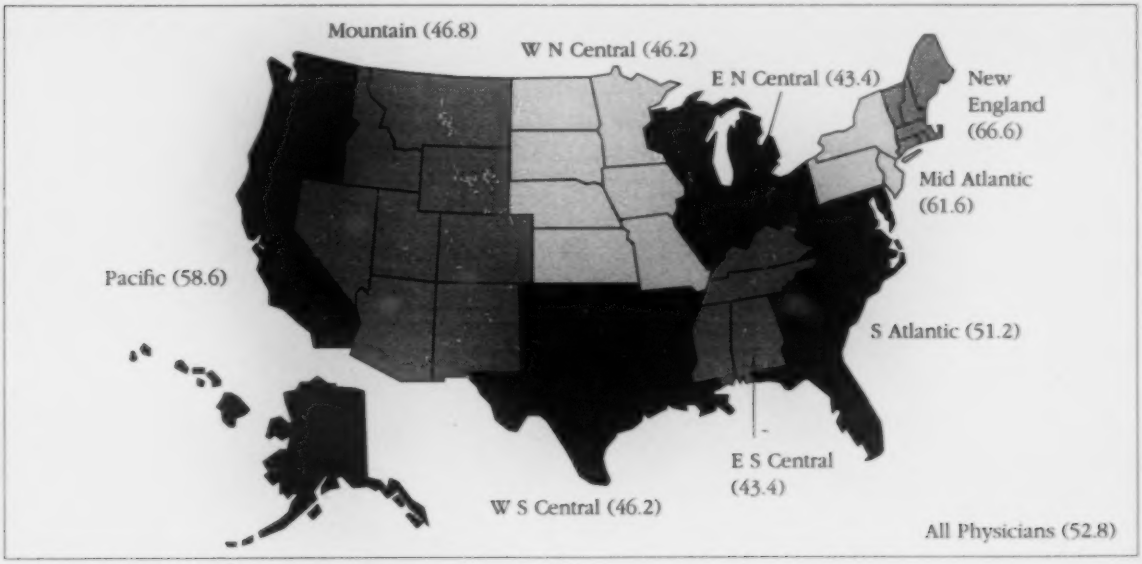
As shown in Figure 10, fees for all three types of visits increased faster than the rate of inflation (measured by the All Items Consumer Price Index for Urban Consumers) from 1992 to 1993. Figure 11 indicates that in 1993 the average fee for an established patient office visit reached $52.8 for the entire nation, but ranged from $43.4 in the East South Central states to $66.6 in the New England states. Variations in relative fees by type of visit and specialty, using the national average established patient office visit fee as the base of comparison, are shown in Figure 12.

Figure 10. **Percent Change in Average Fees for Selected Types of Visits for of All Physicians, 1984–1993[a]**



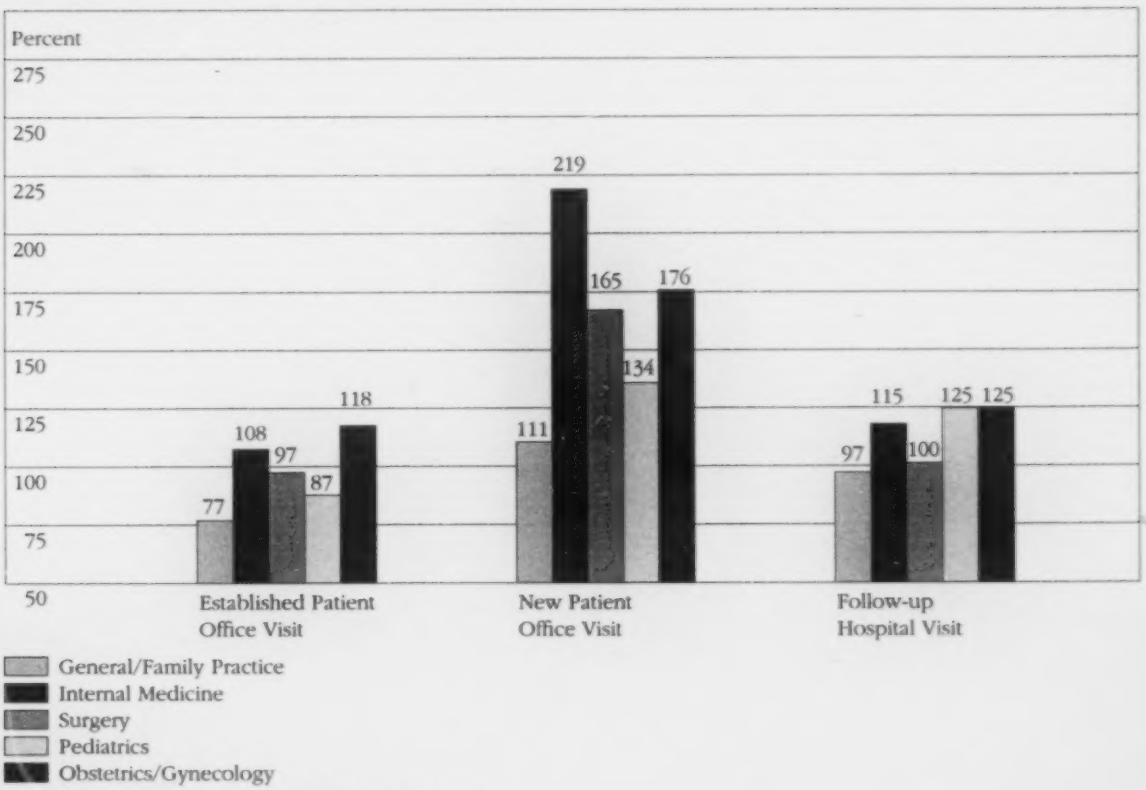
Source: AMA Socioeconomic Monitoring System 1983–1993 core surveys.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 11. **Average Fee (in dollars) for an Established Patient Office Visit, by Census Division, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Figure 12. **Average Fees by Type of Visit and Specialty as a Percent of the Average Fee for an Established Patient Office Visit for All Physicians, 1993[a]**



Source: AMA Socioeconomic Monitoring System 1993 core survey.
a. Excludes physicians in psychiatry, radiology, anesthesiology, and pathology.

Table 27. **Mean Fee (in dollars) for an Office Visit with an Established Patient, 1993[a]**

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	52.83	40.64	57.29	53.43	45.91	62.56
Census Division						
New England	66.62	.	68.63	69.60	.	.
Middle Atlantic	61.55	39.94	63.13	64.22	50.85	72.62
East North Central	45.79	40.20	49.65	43.01	39.21	55.89
West North Central	46.67	38.33	55.38	42.22	.	.
South Atlantic	51.23	37.44	55.52	49.74	47.34	66.77
East South Central	43.38	34.80	50.99	44.68	.	.
West South Central	46.23	41.64	49.21	47.59	37.33	50.92
Mountain	46.84	37.67	56.33	45.79	.	.
Pacific	58.64	48.90	60.36	63.62	48.12	67.39
Type of Practice						
Solo	52.56	40.12	56.90	54.93	41.91	59.92
Non-solo	53.01	41.02	57.54	52.23	47.76	64.48
Location						
Nonmetropolitan	37.74	35.20	39.53	39.73	.	.
Metropolitan—						
Less than 1,000,000	48.30	39.75	52.63	47.99	41.18	53.98
1,000,000 and over	59.32	44.49	62.17	61.11	51.05	71.65
Employment Status						
Self-employed	51.99	40.56	55.28	53.43	42.96	60.66
Non-self-employed[c]	55.28	40.81	62.37	53.45	51.58	69.71
Employee	55.67	40.96	62.30	53.51	51.84	67.53
Independent contractor	51.59	40.24	.	.	.	.
Physician Age						
Less than 36 years	53.94	41.07	54.34	56.34	55.40	70.19
Less than 40 years	53.08	40.70	56.70	53.58	50.13	64.03
36-45 years	52.46	40.98	55.00	52.18	46.29	61.84
46-55 years	52.52	41.79	58.28	51.34	43.20	61.40
56-65 years	53.41	40.63	58.08	55.65	43.64	66.69
66 or more years	52.88	38.28	68.41	57.18	38.40	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 27 (continued). **Standard Error of the Mean Fee (in dollars) for an Office Visit with an Established Patient, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.54	0.75	1.26	0.88	1.28	1.61
Census Division						
New England	2.94	.	5.93	4.74	.	.
Middle Atlantic	1.70	2.43	3.10	2.83	2.97	3.35
East North Central	1.10	1.99	3.01	1.25	2.67	3.31
West North Central	2.03	2.56	5.22	2.10	.	.
South Atlantic	1.15	1.27	2.87	1.45	3.47	2.96
East South Central	1.38	2.13	4.25	2.52	.	.
West South Central	1.22	2.52	3.08	2.19	1.69	2.68
Mountain	1.98	2.78	6.86	2.18	.	.
Pacific	1.32	1.74	2.71	2.56	1.99	5.63
Type of Practice						
Solo	0.93	1.25	2.10	1.56	1.80	2.33
Non-solo	0.66	0.93	1.58	1.02	1.66	2.19
Location						
Nonmetropolitan	0.99	1.58	2.40	1.82	.	.
Metropolitan—						
Less than 1,000,000	0.70	1.17	1.90	0.95	1.31	1.84
1,000,000 and over	0.87	1.15	1.77	1.52	2.14	2.48
Employment Status						
Self-employed	0.59	0.97	1.33	0.97	1.08	1.55
Non-self-employed[c]	1.25	1.09	3.02	2.13	3.01	4.92
Employee	1.31	1.25	3.13	2.29	3.17	4.03
Independent contractor	4.10	2.15	.	.	.	.
Physician Age						
Less than 36 years	1.69	1.73	3.82	3.16	4.93	7.14
Less than 40 years	1.05	1.22	2.66	1.82	2.80	3.46
36-45 years	0.86	1.22	1.77	1.52	2.32	2.39
46-55 years	1.05	1.54	2.42	1.38	2.08	3.02
56-65 years	1.13	1.73	3.08	1.79	1.49	3.64
66 or more years	2.68	2.70	7.08	5.70	3.00	.

Table 28. **Mean Fee (in dollars) for an Office Visit with an Established Patient, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	23.49	28.05	30.10	31.82	33.91	37.09	39.87	42.08	46.43	52.83
Specialty										
General/Family Practice	18.38	22.06	23.48	24.52	26.46	28.95	31.24	33.35	36.95	40.64
Internal Medicine	26.75	30.43	34.03	34.11	36.50	39.26	42.75	43.72	48.56	57.29
Surgery	23.62	28.73	29.66	32.51	33.93	37.15	39.60	42.74	46.14	53.43
Pediatrics	21.57	25.13	27.37	31.57	30.01	32.34	35.73	40.02	43.37	45.91
Obstetrics/Gynecology	26.65	32.41	34.81	36.65	40.95	46.05	49.80	49.07	56.51	62.56
Census Division										
New England	23.56	30.10	33.14	34.59	37.56	43.82	44.97	48.43	52.76	66.62
Middle Atlantic	26.26	32.51	34.85	37.13	40.44	42.73	46.35	49.97	53.37	61.55
East North Central	20.34	24.90	27.33	27.37	28.61	32.11	33.92	36.53	41.60	45.79
West North Central	18.64	21.75	24.06	26.28	28.69	31.19	32.24	34.94	38.98	46.67
South Atlantic	23.72	27.11	29.69	30.64	33.93	37.20	40.36	41.45	45.07	51.23
East South Central	20.98	23.13	23.55	26.86	26.94	30.35	32.26	36.04	43.28	43.38
West South Central	22.21	25.72	28.46	30.25	30.25	33.86	36.73	36.31	41.48	46.23
Mountain	22.89	25.39	27.05	29.24	32.01	32.56	40.15	39.59	40.26	46.84
Pacific	27.66	33.61	34.93	37.52	38.79	41.96	45.59	47.51	51.68	58.64
Type of Practice										
Solo	22.99	27.96	29.54	31.54	33.18	36.44	39.59	41.96	45.90	52.56
Non-solo	24.08	28.16	30.67	32.09	34.56	37.66	40.10	42.17	46.81	53.01
Location										
Nonmetropolitan	17.65	20.70	22.11	23.04	24.28	27.05	29.36	31.67	34.24	37.74
Metropolitan—										
Less than 1,000,000	21.85	25.44	27.50	29.51	31.10	34.52	36.63	39.07	43.41	48.30
1,000,000 and over	26.59	32.21	34.73	36.38	38.77	41.90	45.71	47.39	51.90	59.32
Physician Age[b]										
Less than 36 years	23.22	28.39	28.76	30.03	33.77	37.77	40.54	42.62	45.52	53.94
Less than 40 years	23.74	28.76	30.10	31.20	33.99	36.86	39.85	43.08	48.21	53.08
36-45 years	24.02	28.68	31.14	32.06	33.98	36.93	40.66	42.05	46.88	52.46
46-55 years	24.51	27.37	29.82	32.12	35.18	37.82	39.36	42.55	46.45	52.52
56-65 years	22.11	28.16	30.84	32.22	33.60	36.52	39.78	41.84	46.03	53.41
66 or more years	22.01	26.42	26.82	31.97	30.61	36.01	36.66	39.86	46.21	52.88

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. Fee data for 1993 are fees charged to patients with private insurance. See Appendices C and D for further explanation about changes in the survey questions used to collect the fee information.

Table 28 (continued). **Standard Error of the Mean Fee (in dollars) for an Office Visit with an Established Patient, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	0.24	0.26	0.29	0.26	0.31	0.35	0.37	0.35	0.49	0.54
Specialty										
General/Family Practice	0.34	0.29	0.31	0.31	0.39	0.39	0.45	0.51	0.59	0.75
Internal Medicine	0.67	0.60	0.83	0.59	0.75	0.88	0.80	0.67	1.08	1.26
Surgery	0.40	0.57	0.52	0.47	0.49	0.60	0.62	0.72	0.82	0.88
Pediatrics	0.50	0.50	0.61	0.88	0.62	0.64	0.89	1.08	1.35	1.28
Obstetrics/Gynecology	0.62	0.65	0.75	0.81	0.87	1.11	1.33	1.25	1.39	1.61
Census Division										
New England	0.80	1.37	1.19	0.99	1.13	1.74	1.51	1.67	2.13	2.94
Middle Atlantic	0.66	0.83	0.76	0.78	1.17	0.96	1.08	1.21	1.12	1.70
East North Central	0.38	0.62	0.88	0.54	0.47	0.60	0.57	0.68	1.06	1.10
West North Central	0.60	0.60	0.73	0.82	0.87	1.19	0.95	1.21	1.88	2.03
South Atlantic	0.58	0.51	0.69	0.51	0.61	0.77	1.02	0.70	1.06	1.15
East South Central	0.94	0.79	0.81	0.91	0.61	0.86	0.87	0.92	3.06	1.38
West South Central	0.60	0.52	0.58	0.71	0.69	0.78	1.08	0.85	1.10	1.22
Mountain	1.04	0.80	0.78	0.79	0.92	0.94	1.69	1.55	1.28	1.98
Pacific	0.78	0.69	0.74	0.78	0.71	1.25	0.95	0.81	1.33	1.32
Type of Practice										
Solo	0.31	0.37	0.42	0.38	0.39	0.48	0.52	0.56	0.68	0.93
Non-solo	0.37	0.37	0.39	0.37	0.46	0.51	0.52	0.46	0.68	0.66
Location										
Nonmetropolitan	0.45	0.42	0.41	0.42	0.38	0.61	0.67	0.67	0.74	0.99
Metropolitan—										
Less than 1,000,000	0.33	0.29	0.36	0.35	0.33	0.42	0.46	0.45	0.75	0.70
1,000,000 and over	0.39	0.45	0.49	0.43	0.55	0.62	0.63	0.59	0.72	0.87
Physician Age[b]										
Less than 36 years	0.54	0.68	0.53	0.56	0.73	0.87	0.99	1.05	1.19	1.69
Less than 40 years	0.41	0.48	0.46	0.46	0.51	0.60	0.66	0.70	1.18	1.05
36-45 years	0.43	0.42	0.46	0.45	0.47	0.52	0.67	0.54	0.88	0.86
46-55 years	0.58	0.51	0.61	0.55	0.80	0.64	0.65	0.70	0.92	1.05
56-65 years	0.46	0.69	0.90	0.65	0.64	0.80	0.92	0.91	1.00	1.13
66 or more years	0.66	0.90	0.78	1.02	0.87	2.17	1.07	1.43	2.10	2.68

Table 29. **Mean Fee (in dollars) for an Office Visit with a New Patient, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	90.89	58.85	115.80	85.29	70.98	93.11
Census Division						
New England	106.26	.	120.19	105.39	.	.
Middle Atlantic	108.31	58.13	125.94	105.32	78.10	109.43
East North Central	77.73	58.91	102.06	71.95	60.23	77.41
West North Central	77.87	55.34	109.02	57.99	.	.
South Atlantic	82.28	53.08	105.07	71.38	70.10	91.68
East South Central	72.19	51.57	106.16	69.02	.	.
West South Central	80.34	55.85	101.53	76.67	58.97	71.85
Mountain	82.84	59.79	125.21	74.13	.	.
Pacific	109.95	72.85	138.72	112.31	83.61	112.80
Type of Practice						
Solo	88.62	58.08	113.68	85.83	60.28	94.30
Non-solo	92.44	59.41	117.14	84.86	75.87	92.27
	58.10	51.91	79.38	55.46	.	.
Location						
Nonmetropolitan						
Metropolitan—	81.81	56.04	107.48	75.04	60.15	80.64
Less than 1,000,000						
1,000,000 and over	104.25	65.53	124.7.	100.44	81.81	106.39
Employment Status						
Self-employed	87.97	58.18	111.68	84.61	62.91	89.14
Non-self-employed[c]	99.38	60.36	126.18	88.67	86.83	107.86
Employee	101.95	61.43	127.43	90.06	87.75	105.73
Independent contractor	75.17	56.05	.	.	.	.
Physician Age						
Less than 36 years	95.10	57.99	120.51	86.17	89.17	110.15
Less than 40 years	94.43	59.12	120.24	88.07	78.79	98.21
36-45 years	93.55	58.94	114.65	85.85	75.77	90.06
46-55 years	93.05	59.62	120.98	85.46	66.67	95.74
56-65 years	87.43	62.22	112.83	86.27	56.34	95.62
66 or more years	77.62	54.84	105.25	79.59	54.02	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 29 (continued). **Standard Error of the Mean Fee (in dollars) for an Office Visit with a New Patient, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	1.11	1.66	2.66	1.63	2.90	2.68
Census Division						
New England	4.73	.	9.65	6.12	.	.
Middle Atlantic	3.22	7.48	6.46	4.41	7.63	7.39
East North Central	2.09	3.40	4.89	3.17	6.24	4.05
West North Central	4.42	6.81	12.58	2.75	.	.
South Atlantic	2.28	3.07	5.65	2.86	6.41	4.49
East South Central	3.19	3.87	10.69	4.30	.	.
West South Central	2.59	3.39	5.33	3.60	7.93	5.82
Mountain	4.12	5.05	9.74	4.45	.	.
Pacific	3.28	4.67	8.76	5.47	8.23	8.45
Type of Practice						
Solo	1.80	2.63	4.61	2.67	2.97	4.27
Non-solo	1.42	2.14	3.23	2.04	3.94	3.44
Location						
Nonmetropolitan	2.21	4.02	6.58	2.28	.	.
Metropolitan—						
Less than 1,000,000	1.45	2.20	3.91	1.77	3.08	3.10
1,000,000 and over	1.76	2.88	3.76	2.78	4.87	4.19
Employment Status						
Self-employed	1.20	2.01	2.87	1.78	2.70	2.60
Non-self-employed[c]	2.61	2.94	6.08	4.06	6.40	7.84
Employee	2.81	3.55	6.35	4.40	6.74	7.60
Independent contractor	5.80	3.59	.	.	.	.
Physician Age						
Less than 36 years	4.10	2.94	11.75	4.99	11.43	13.35
Less than 40 years	2.44	3.47	6.47	2.97	6.70	6.38
36-45 years	1.91	2.89	4.25	2.66	5.49	4.16
46-55 years	2.12	3.82	4.98	2.88	4.54	5.74
56-65 years	2.23	4.24	4.94	3.93	2.18	5.06
66 or more years	3.88	4.07	10.48	6.50	3.20	.

Table 30. **Mean Fee (in dollars) for an Office Visit with a New Patient, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	43.43	51.87	55.75	59.69	63.51	68.52	74.84	83.04	88.17	90.89
Specialty										
General/Family Practice	26.81	31.72	34.61	36.19	38.51	41.92	44.66	51.18	55.24	58.85
Internal Medicine	62.78	74.00	79.19	83.45	86.89	93.54	101.37	110.45	117.15	115.80
Surgery	42.32	48.28	50.20	53.95	59.70	63.65	68.86	77.13	80.46	85.29
Pediatrics	30.32	34.55	40.00	48.29	44.69	45.64	54.27	60.58	67.32	70.98
Obstetrics/Gynecology	44.60	51.62	52.98	56.61	61.60	69.54	76.06	81.93	89.00	93.11
Census Division										
New England	38.74	49.91	52.24	63.82	65.52	74.10	79.57	85.43	88.36	106.26
Middle Atlantic	48.57	58.65	65.62	68.40	73.44	81.58	90.15	97.02	103.92	108.31
East North Central	36.51	42.68	47.35	50.64	51.45	55.86	62.70	68.39	75.83	77.73
West North Central	34.04	43.28	43.07	51.07	51.38	50.57	54.47	63.02	66.37	77.87
South Atlantic	44.63	49.13	54.96	58.29	65.13	70.52	74.71	83.34	82.53	82.28
East South Central	40.07	41.37	39.79	48.63	48.45	57.55	58.92	69.84	79.95	72.19
West South Central	41.38	49.96	51.86	51.71	53.58	60.36	68.13	70.65	77.14	80.34
Mountain	39.08	44.69	49.52	53.24	62.90	64.81	67.87	75.29	74.78	82.84
Pacific	53.85	68.86	73.80	75.75	81.09	81.97	92.13	104.58	110.65	109.95
Type of Practice										
Solo	42.01	50.73	54.71	58.24	61.29	66.97	74.04	81.54	86.33	88.62
Non-solo	45.14	53.13	56.81	61.04	65.51	69.88	75.50	84.13	89.50	92.44
Location										
Nonmetropolitan	28.85	32.28	34.95	37.02	39.83	42.82	45.46	53.90	55.89	58.10
Metropolitan—										
Less than 1,000,000	41.00	47.93	50.43	55.85	57.41	64.38	69.05	74.77	79.56	81.81
1,000,000 and over	49.46	60.36	66.34	69.30	74.61	78.45	87.66	97.79	103.18	104.25
Physician Age[b]										
Less than 36 years	44.77	53.18	54.70	55.31	63.20	69.22	71.92	80.06	77.93	95.10
Less than 40 years	45.84	54.03	56.08	58.76	63.97	68.69	73.65	84.06	85.71	94.43
36-45 years	45.55	54.55	58.38	62.17	66.92	71.25	77.89	85.61	91.92	93.55
46-55 years	43.94	50.47	53.75	61.59	65.54	71.69	75.81	83.70	92.23	93.05
56-65 years	38.69	49.21	57.53	56.51	59.75	61.99	69.39	82.18	82.30	87.43
66 or more years	40.94	47.71	45.90	55.69	50.00	59.33	72.70	72.56	80.99	77.62

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. Fee data for 1993 are fees charged to patients with private insurance. See Appendices C and D for further explanation about changes in the survey questions used to collect the fee information.

Table 30 (continued). **Standard Error of the Mean Fee (in dollars) for an Office Visit with a New Patient, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	0.62	0.72	0.81	0.79	0.81	0.87	1.00	1.09	1.25	1.11
Specialty										
General/Family Practice	0.66	0.72	0.99	0.86	0.92	0.90	0.88	1.24	1.43	1.66
Internal Medicine	1.84	2.22	2.12	2.01	1.88	2.21	2.31	2.29	3.08	2.66
Surgery	0.88	1.01	1.09	1.14	1.32	1.26	1.56	1.91	1.75	1.63
Pediatrics	1.18	1.17	2.15	2.18	1.64	1.56	2.60	2.53	3.41	2.90
Obstetrics/Gynecology	1.62	1.11	1.20	1.16	1.22	1.63	3.13	3.43	2.74	2.68
Census Division										
New England	2.31	2.52	2.47	4.31	2.59	2.92	4.00	3.74	4.15	4.73
Middle Atlantic	1.63	1.88	2.25	2.13	2.43	2.43	3.01	2.95	3.38	3.22
East North Central	1.12	1.37	1.61	1.58	1.44	1.46	1.88	1.89	2.20	2.09
West North Central	1.84	2.53	2.26	2.51	2.38	2.63	2.60	2.90	3.17	4.42
South Atlantic	1.58	1.44	2.00	1.69	1.78	2.15	2.23	2.34	2.41	2.28
East South Central	2.11	2.48	1.88	2.23	2.07	3.31	2.56	3.23	5.08	3.19
West South Central	2.23	2.60	2.23	2.13	1.81	2.42	2.86	3.68	2.89	2.59
Mountain	2.07	2.20	2.59	2.64	3.40	5.03	3.79	4.27	5.60	4.12
Pacific	1.87	2.17	2.66	2.47	2.89	2.33	3.17	3.50	4.22	3.28
Type of Practice										
Solo	0.83	0.97	1.16	1.15	1.12	1.32	1.59	1.77	1.82	1.80
Non-solo	0.95	1.07	1.14	1.10	1.16	1.15	1.28	1.37	1.70	1.42
Location										
Nonmetropolitan	1.04	0.96	1.38	1.10	1.39	1.37	1.41	1.83	1.78	2.21
Metropolitan—										
Less than 1,000,000	0.82	0.98	0.97	1.10	0.95	1.18	1.25	1.27	1.48	1.45
1,000,000 and over	1.07	1.19	1.42	1.30	1.42	1.44	1.75	1.92	2.17	1.76
Physician Age[b]										
Less than 36 years	1.67	1.74	1.96	1.80	2.03	2.27	2.46	2.67	3.02	4.10
Less than 40 years	1.15	1.26	1.33	1.32	1.43	1.57	1.71	1.84	2.34	2.44
36-45 years	1.08	1.23	1.26	1.35	1.31	1.50	1.69	1.58	2.17	1.91
46-55 years	1.28	1.45	1.71	1.74	1.85	1.79	1.93	2.41	2.67	2.12
56-65 years	1.21	1.76	2.41	1.73	1.88	1.80	2.26	3.11	2.35	2.23
66 or more years	2.48	2.41	1.73	2.87	2.23	3.24	4.73	3.73	4.69	3.88

Table 31. **Mean Fee (in dollars) for a Follow-Up Hospital Visit, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	57.95	51.22	58.92	55.14	65.92	65.94
Census Division						
New England	58.77	.	59.90	55.01	.	.
Middle Atlantic	66.84	51.30	66.46	67.74	64.04	.
East North Central	51.13	47.23	51.15	47.60	62.75	55.34
West North Central	44.73	41.02	44.54	44.97	.	.
South Atlantic	57.95	51.14	57.17	55.16	68.85	63.62
East South Central	47.78	43.47	47.36	46.13	.	.
West South Central	54.70	53.35	53.46	54.55	59.95	.
Mountain	56.50	.	.	45.69	.	.
Pacific	66.99	60.57	69.25	61.56	79.51	82.02
Type of Practice						
Solo	57.01	50.81	57.72	56.63	56.95	72.49
Non-solo	58.59	51.53	59.72	54.06	70.88	60.65
Location						
Nonmetropolitan	45.72	41.94	45.91	45.89	.	.
Metropolitan—						
Less than 1,000,000	53.59	51.84	53.12	51.15	62.81	54.53
1,000,000 and over	63.89	55.91	64.10	61.01	69.03	79.86
Employment Status						
Self-employed	57.00	50.70	57.93	54.23	63.41	66.99
Non-self-employed[c]	61.38	52.98	61.86	60.22	72.54	.
Employee	61.44	52.77	62.71	60.57	69.80	.
Independent contractor	60.66	.	.	.	.	.
Physician Age						
Less than 36 years	60.91	47.27	62.46	62.47	74.14	.
Less than 40 years	60.33	52.00	61.51	56.50	71.96	64.55
36-45 years	58.45	53.45	59.84	52.82	68.90	61.45
46-55 years	56.81	50.61	57.77	52.42	60.20	72.96
56-65 years	59.14	53.11	56.18	59.30	69.93	71.10
66 or more years	53.33	47.69	58.30	56.34	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

• Indicates fewer than 20 observations.

Table 31 (continued). **Standard Error of the Mean Fee (in dollars) for a Follow-Up Hospital Visit, 1993**[a]

		Specialty				
	All Physicians[b]	General/Family Practice	Internal Medicine	Surgery	Pediatrics	Obstetrics/ Gynecology
All Physicians	0.71	1.31	1.34	1.15	2.69	3.02
Census Division						
New England	3.03	.	6.21	2.58	.	.
Middle Atlantic	1.86	3.65	2.99	3.90	3.94	.
East North Central	1.53	3.30	2.21	3.37	4.98	5.23
West North Central	1.44	1.65	3.20	2.85	.	.
South Atlantic	1.66	3.32	2.89	2.23	7.27	6.58
East South Central	2.08	5.57	3.16	3.12	.	.
West South Central	1.50	4.68	2.33	2.44	5.89	.
Mountain	4.38	.	.	2.76	.	.
Pacific	2.14	3.11	4.60	3.33	8.88	10.01
Type of Practice						
Solo	1.05	1.97	1.81	2.02	3.45	4.96
Non-solo	0.95	1.74	1.87	1.35	3.66	3.66
Location						
Nonmetropolitan	1.50	1.60	2.85	2.44	.	.
Metropolitan—						
Less than 1,000,000	1.03	2.33	1.86	1.65	4.25	3.72
1,000,000 and over	1.08	2.05	1.95	1.76	3.63	4.65
Employment Status						
Self-employed	0.76	1.42	1.39	1.26	2.99	3.28
Non-self-employed[c]	1.77	3.12	3.49	2.71	5.71	.
Employee	1.86	3.47	3.73	2.95	5.45	.
Independent contractor	5.93	.	.	.	.	.
Physician Age						
Less than 36 years	2.82	2.72	8.51	3.42	7.18	.
Less than 40 years	1.69	3.12	3.73	2.19	6.64	5.24
36-45 years	1.20	2.69	2.00	1.65	6.15	4.19
46-55 years	1.23	2.27	2.18	2.14	3.01	7.67
56-65 years	1.52	3.07	2.36	2.68	5.93	6.77
66 or more years	2.80	2.79	6.30	6.20	.	.

Table 32. **Mean Fee (in dollars) for a Follow-Up Hospital Visit, 1982-1993**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	24.04	31.59	33.13	35.73	37.57	39.68	43.23	47.04	52.73	57.95
Specialty										
General/Family Practice	21.76	26.80	27.04	31.29	31.42	34.09	35.81	39.11	43.58	51.22
Internal Medicine	28.39	34.06	35.19	37.33	38.67	40.83	45.85	49.18	54.08	58.92
Surgery	21.96	30.69	33.42	35.97	38.20	39.31	41.85	44.45	52.91	55.14
Pediatrics	25.69	30.69	33.32	35.70	38.36	40.80	45.20	48.98	54.02	65.92
Obstetrics/Gynecology	21.43	33.56	34.82	37.92	40.07	41.64	49.43	54.47	59.78	65.94
Census Division										
New England	21.63	30.01	30.72	35.83	39.75	42.83	44.13	45.82	55.59	58.77
Middle Atlantic	27.11	37.96	38.20	41.96	43.43	45.85	48.60	57.19	59.11	66.84
East North Central	21.58	28.87	30.80	30.84	32.39	34.25	38.45	42.59	46.66	51.13
West North Central	18.85	24.03	26.54	29.17	30.52	30.67	36.43	38.83	43.30	44.73
South Atlantic	23.46	30.65	34.26	36.82	40.13	41.49	44.39	49.50	54.04	57.95
East South Central	19.47	24.60	26.33	29.37	28.58	30.66	32.53	36.47	41.91	47.78
West South Central	23.95	30.85	31.21	34.21	35.33	37.89	42.44	39.54	49.04	54.70
Mountain	25.82	29.70	30.30	31.80	32.58	36.16	45.48	44.62	46.27	56.50
Pacific	29.31	36.52	38.38	42.23	42.76	46.22	48.43	51.89	60.41	66.99
Type of Practice										
Solo	24.50	32.31	33.73	35.71	38.27	40.04	43.13	47.82	52.62	57.01
Non-solo	23.54	30.84	32.55	35.75	36.98	39.37	43.32	46.41	52.82	58.59
Location										
Nonmetropolitan	19.96	24.57	25.18	28.08	28.44	30.64	34.19	36.45	40.55	45.72
Metropolitan—										
Less than 1,000,000	22.33	27.88	29.68	32.94	34.91	36.29	39.36	42.93	48.60	53.59
1,000,000 and over	27.00	36.63	38.65	40.67	42.34	45.42	49.38	53.54	59.14	63.89
Physician Age[b]										
Less than 36 years	24.36	31.97	33.66	34.75	37.71	38.78	43.85	46.74	52.85	60.91
Less than 40 years	24.85	32.29	33.61	35.33	38.07	40.16	43.86	47.81	54.49	60.33
36-45 years	24.86	32.68	33.55	35.95	37.70	40.23	44.50	47.42	53.36	58.45
46-55 years	24.42	30.64	33.14	36.38	38.77	41.76	41.30	46.98	53.59	56.81
56-65 years	21.99	30.42	33.04	35.75	36.62	37.21	42.46	46.87	51.62	59.14
66 or more years	23.24	31.43	28.93	33.69	34.68	36.24	44.33	45.43	47.17	53.33

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. Fee data for 1993 are fees charged to patients with private insurance. See Appendices C and D for further explanation about changes in the survey questions used to collect the fee information.

Table 32 (continued). **Standard Error of the Mean Fee (in dollars) for a Follow-Up Hospital Visit, 1982-1993**[a]

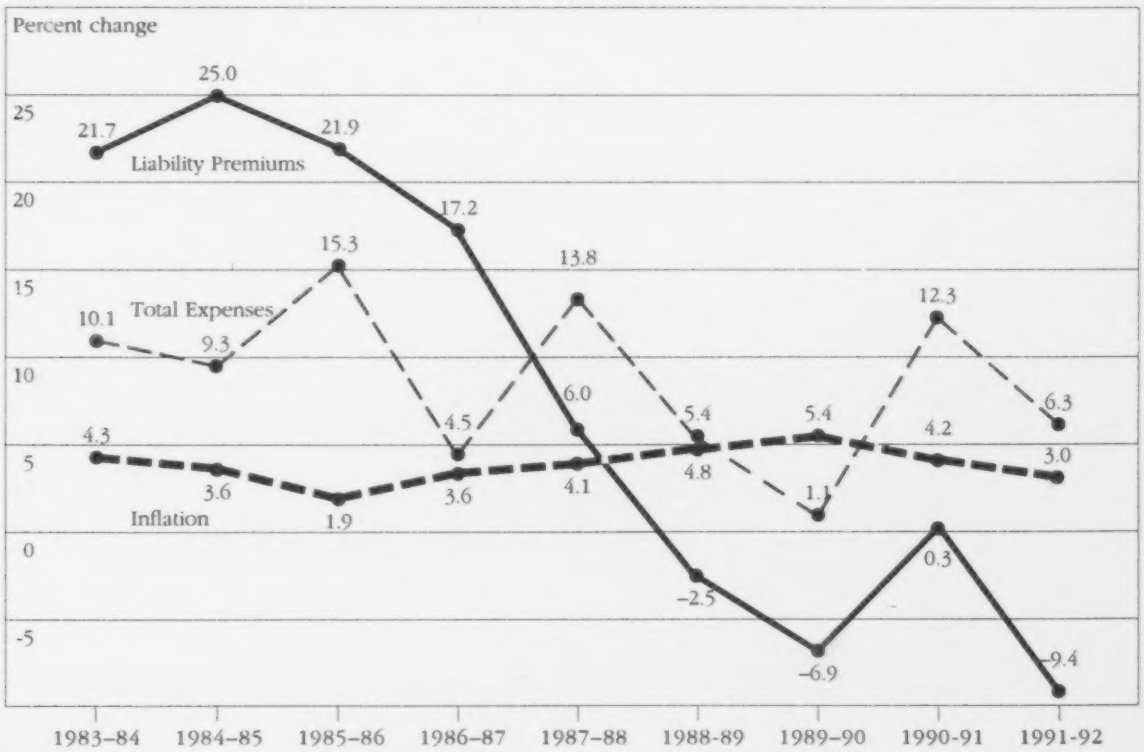
	1982	1985	1986	1987	1988	1989	1990	1991	1992	1993[c]
All Physicians	0.32	0.36	0.36	0.39	0.38	0.39	0.46	0.52	0.66	0.71
Specialty										
General/Family Practice	0.48	0.49	0.50	0.68	0.52	0.63	0.67	0.73	1.05	1.31
Internal Medicine	0.78	0.73	0.57	0.67	0.59	0.67	0.83	0.92	1.14	1.34
Surgery	0.55	0.67	0.80	0.82	0.79	0.82	0.91	0.88	1.39	1.15
Pediatrics	0.88	1.08	1.07	1.13	1.40	1.25	1.71	1.49	1.72	2.69
Obstetrics/Gynecology	1.03	1.41	1.40	1.48	1.33	1.48	2.16	2.91	3.17	3.02
Census Division										
New England	1.08	1.24	0.96	1.20	1.40	1.51	1.75	1.76	2.73	3.03
Middle Atlantic	1.02	1.02	1.12	1.13	1.08	1.12	1.27	1.76	1.89	1.86
East North Central	0.57	1.02	0.93	0.69	0.67	0.78	0.84	0.94	1.25	1.53
West North Central	0.88	0.91	1.06	1.22	1.13	1.05	1.55	1.23	2.58	1.44
South Atlantic	0.78	0.75	0.96	1.06	0.95	0.99	1.19	1.43	1.72	1.66
East South Central	0.78	1.12	1.19	1.22	0.97	0.83	1.06	1.14	1.54	2.08
West South Central	0.86	0.84	0.70	0.88	1.12	1.05	1.45	1.02	1.71	1.50
Mountain	1.44	1.60	1.12	1.25	1.29	1.58	2.60	1.90	3.17	4.38
Pacific	0.93	0.92	0.76	1.14	0.95	1.08	1.18	1.15	1.63	2.14
Type of Practice										
Solo	0.46	0.51	0.50	0.56	0.57	0.59	0.67	0.81	1.02	1.05
Non-solo	0.42	0.51	0.51	0.54	0.50	0.52	0.63	0.67	0.87	0.95
Location										
Nonmetropolitan	0.69	0.68	0.68	0.94	0.67	0.74	1.22	1.40	1.44	1.50
Metropolitan—										
Less than 1,000,000	0.42	0.42	0.46	0.53	0.54	0.48	0.60	0.70	0.88	1.03
1,000,000 and over	0.54	0.62	0.58	0.61	0.59	0.67	0.75	0.80	1.07	1.08
Physician Age[b]										
Less than 36 years	0.75	1.05	0.89	0.90	0.91	0.86	1.23	1.34	1.89	2.82
Less than 40 years	0.56	0.67	0.61	0.64	0.71	0.73	0.86	1.00	1.45	1.69
36-45 years	0.60	0.63	0.60	0.64	0.62	0.63	0.77	0.84	1.12	1.20
46-55 years	0.62	0.68	0.71	0.80	0.80	0.90	0.82	1.03	1.41	1.23
56-65 years	0.68	0.78	0.90	1.01	0.88	0.79	1.20	1.19	1.31	1.52
66 or more years	1.11	1.26	1.18	1.24	1.49	1.68	2.14	2.62	2.21	2.80

Professional Expenses of Physicians

Professional expense information reported from the Socioeconomic Monitoring System refers to tax-deductible professional expenses from medical practice, not including contributions made for physicians into deferred compensation plans. Non-solo practitioners are asked to report only their portion of the practices' total expenses. The major components of total expenses are defined as follows: (1) office expenses, including rent, mortgage interest, depreciation on medical buildings used in the physician's practice, utilities and telephone; (2) total nonphysician payroll expenses, including fringe benefits; (3) medical materials and supplies, such as drugs, x-ray films, and disposable medical products; (4) depreciation, lease, and rent on medical equipment used in the diagnosis and treatment of patients; and (5) professional liability premiums. Other expenses are not separately itemized in the surveys.

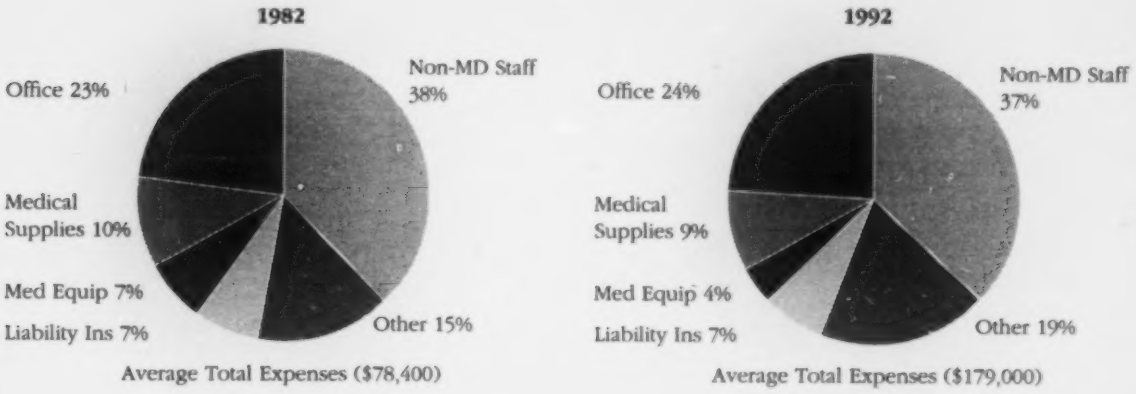
Figure 13 shows that total professional expenses increased 6.3% between 1991 and 1992. Professional liability insurance premiums decreased 9.4%. Geographic patterns in average total professional expenses are indicated in Figure 15.

Figure 13. **Percent Change in Average Total Professional Expenses and Professional Liability Insurance Premiums for Self-Employed Physicians, 1983–1992**



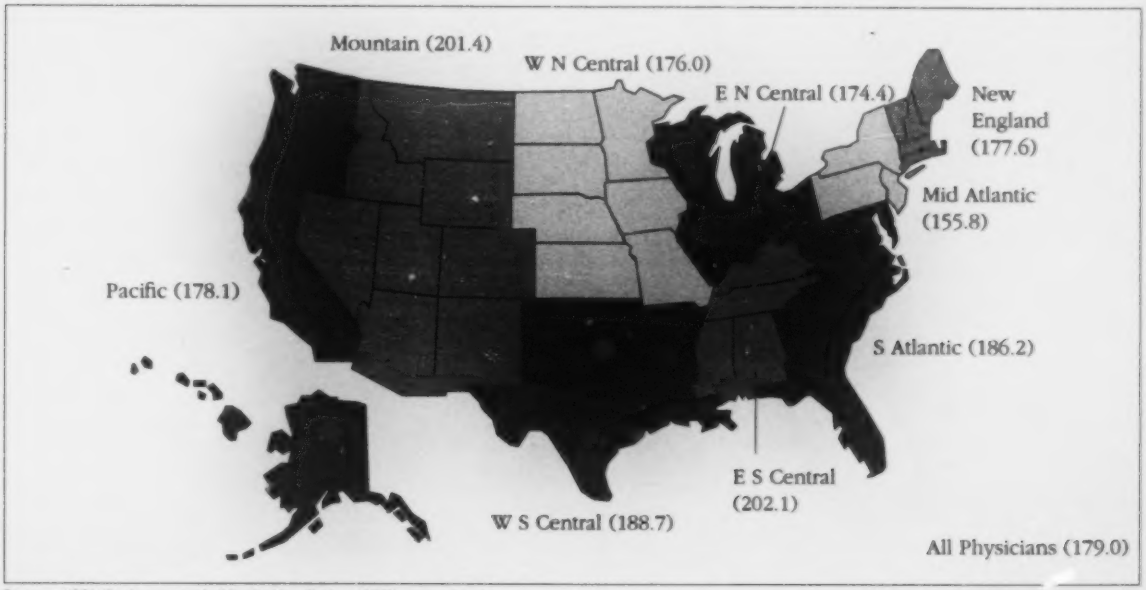
Source: AMA Socioeconomic Monitoring System 1984–1993 core surveys.

Figure 14. **Distribution of Average Professional Expenses for Self-Employed Physicians, 1982 and 1992**



Source: AMA Socioeconomic Monitoring System 1983 and 1993 core surveys.

Figure 15. **Average Professional Expenses (in thousands of dollars) for Self-Employed Physicians, by Census Division, 1992**



Source: AMA Socioeconomic Monitoring System 1993 core survey.

Table 33. **Mean Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	179.0	156.3	172.9	238.6	168.8	234.8	181.5	73.9	98.1	146.3
Census Division										
New England	177.6	.	148.7	258.6	.	.	.	.	.	.
Middle Atlantic	155.8	103.9	143.0	241.4	127.7	250.2	.	43.6	94.6	.
East North Central	174.4	144.3	220.1	207.0	.	.	.	.	.	.
West North Central	176.0	180.5	155.1	222.6	.	.	.	.	.	.
South Atlantic	186.2	172.9	152.8	268.9	152.6	259.2	.	76.5	147.5	.
East South Central	202.1	.	.	223.9	.	.	.	.	.	.
West South Central	188.7	184.0	195.1	200.1	.	.	201.5	.	.	.
Mountain	201.4	.	.	278.2	.	.	.	.	.	.
Pacific	178.1	143.9	191.4	238.6	142.7	213.6	166.0	69.6	59.7	.
Type of Practice										
Solo	147.2	125.7	142.8	194.5	123.8	211.0	.	69.4	64.8	.
Non-solo	214.6	201.8	209.8	289.7	210.5	263.8	181.3	.	119.4	153.2
Location										
Nonmetropolitan	172.1	179.8	165.7	180.7	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	187.9	159.0	174.2	246.7	191.8	224.1	170.9	136.9	118.6	183.1
1,000,000 and over	172.4	138.1	172.6	242.3	146.5	252.4	200.9	50.2	79.7	.
Physician Age										
Less than 36 years	154.7	.	135.1	194.0	.	.	.	.	.	.
Less than 40 years	172.6	169.5	144.6	260.2	215.9	214.8	177.3	72.4	102.4	.
36-45 years	192.8	180.7	171.3	281.1	156.9	249.2	212.0	92.2	98.9	.
46-55 years	191.6	186.2	165.6	246.8	182.1	263.3	193.1	79.1	96.8	.
56-65 years	171.4	124.4	200.0	213.3	204.4	220.4	.	50.4	93.9	.
66 or more years	124.7	106.1	194.1	152.2	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

· Indicates fewer than 20 observations.

Table 33 (continued). **Standard Error of the Mean Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	3.78	10.06	7.56	8.15	14.19	10.41	17.51	10.88	7.63	31.88
Census Division										
New England	15.98	.	20.63	32.19	.	.	.	.	.	.
Middle Atlantic	8.92	15.00	15.83	26.84	13.24	25.28	.	5.82	10.46	.
East North Central	9.04	18.18	25.81	13.89	.	.	.	.	.	.
West North Central	9.89	14.10	15.55	24.52	.	.	.	.	.	.
South Atlantic	10.36	44.68	12.01	25.15	35.98	18.28	.	15.64	22.65	.
East South Central	17.07	.	.	20.71	.	.	.	.	.	.
West South Central	11.14	24.48	21.00	25.34	.	.	38.76	.	.	.
Mountain	18.01	.	.	38.87	.	.	.	.	.	.
Pacific	8.68	9.27	24.76	13.57	24.98	30.39	47.15	25.88	7.54	.
Type of Practice										
Solo	4.03	6.96	8.53	8.19	8.46	12.53	.	12.41	5.86	.
Non-solo	6.16	21.31	12.23	13.75	25.45	16.48	18.60	.	11.08	36.38
Location										
Nonmetropolitan	10.73	15.88	21.24	13.83	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	6.00	20.22	12.06	12.07	23.58	17.03	26.53	33.49	13.60	40.76
1,000,000 and over	5.34	9.34	10.46	12.84	17.59	14.03	25.14	6.53	7.68	.
Physician Age										
Less than 36 years	11.00	.	23.81	21.84	.	.	.	.	.	.
Less than 40 years	7.71	16.95	13.22	17.09	37.44	16.36	41.51	14.53	14.47	.
36-45 years	7.00	23.71	11.32	16.54	17.84	15.16	42.12	30.95	11.36	.
46-55 years	6.78	13.68	12.01	14.08	24.54	28.58	22.22	20.15	12.19	.
56-65 years	7.61	8.30	21.79	14.23	48.22	15.62	.	7.09	19.60	.
66 or more years	11.95	18.72	39.90	26.16	.	.	.	.	.	.

Table 34. **Mean Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	78.4	102.7	118.4	123.7	140.8	148.4	150.0	168.4	179.0
Specialty									
General/Family Practice	75.3	96.5	119.9	121.2	122.3	128.5	134.5	146.4	156.3
Internal Medicine	74.9	90.0	110.5	117.8	136.3	139.1	139.2	159.0	172.9
Surgery	103.7	135.7	148.6	164.7	188.2	203.2	201.0	215.6	238.6
Pediatrics	67.7	87.3	93.2	100.2	115.3	132.5	138.0	145.4	168.8
Obstetrics/Gynecology	108.3	131.9	149.5	173.2	189.6	197.4	212.6	236.2	234.8
Radiology	67.1	120.6	153.8	119.8	162.2	179.9	155.5	194.2	181.5
Psychiatry	36.8	48.0	46.7	49.3	56.7	51.8	53.2	62.6	73.9
Anesthesiology	49.0	81.2	96.7	74.9	95.7	90.3	88.8	115.9	98.1
Pathology	75.1	60.2	67.8	59.2	78.2	89.4	143.3	149.1	146.3
Census Division									
New England	72.7	85.8	94.6	105.6	112.3	132.1	134.3	131.9	177.6
Middle Atlantic	59.8	82.6	105.4	110.1	127.9	147.3	136.3	149.9	155.8
East North Central	73.3	93.7	106.3	117.7	129.9	134.9	142.7	152.7	174.4
West North Central	87.1	102.7	132.6	135.7	141.7	159.9	157.7	179.0	176.0
South Atlantic	81.6	109.0	130.8	129.2	161.9	156.6	167.7	174.7	186.2
East South Central	82.6	106.6	133.0	127.3	167.3	178.1	168.8	161.0	202.1
West South Central	99.2	124.7	138.9	137.4	139.0	141.5	119.1	183.0	188.7
Mountain	77.2	112.2	104.6	117.2	125.0	137.4	157.7	184.4	201.4
Pacific	77.6	109.5	117.6	130.9	149.8	149.3	160.2	189.1	178.1
Type of Practice									
Solo	72.4	90.5	100.7	110.4	120.1	124.2	131.4	145.6	147.2
Non-solo	86.3	120.8	144.4	142.3	167.3	178.0	172.3	193.3	214.6
Location									
Nonmetropolitan	79.6	91.4	119.7	116.0	128.8	142.3	140.8	156.9	172.1
Metropolitan—									
Less than 1,000,000	77.9	106.2	123.3	130.7	147.3	153.0	157.7	168.2	187.9
1,000,000 and over	78.5	102.3	112.9	118.5	136.9	145.4	144.4	171.1	172.4
Physician Age[b]									
Less than 36 years	59.2	83.5	99.4	103.6	121.4	130.9	116.4	157.8	154.7
Less than 40 years	67.1	91.7	104.9	116.6	134.6	138.8	139.0	163.1	172.6
36-45 years	79.8	104.7	121.6	128.9	149.3	151.7	155.8	173.2	192.8
46-55 years	95.4	112.5	130.4	129.6	157.3	156.9	164.2	180.7	191.6
56-65 years	78.4	104.6	120.6	128.0	130.1	157.5	146.9	161.5	171.4
66 or more years	55.1	92.2	89.4	96.1	95.7	100.2	107.3	110.1	124.7

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 34 (continued). **Standard Error of the Mean Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	1.78	2.48	2.60	2.58	2.95	3.29	3.19	4.01	3.78
Specialty									
General/Family Practice	2.80	4.83	7.01	6.56	4.92	4.53	5.91	7.19	10.06
Internal Medicine	3.80	4.35	4.96	4.97	7.00	6.32	5.55	8.07	7.56
Surgery	4.98	5.80	5.16	5.88	6.23	8.57	7.47	8.29	8.15
Pediatrics	4.85	5.43	6.29	5.09	6.88	7.24	6.27	11.92	14.19
Obstetrics/Gynecology	6.00	6.45	8.08	8.02	9.87	10.92	14.18	15.04	10.41
Radiology	9.02	16.06	15.46	15.35	20.28	22.29	27.40	27.94	17.51
Psychiatry	3.48	7.52	3.94	4.66	5.75	4.28	5.34	5.23	10.88
Anesthesiology	5.26	11.08	13.65	7.35	13.46	12.57	12.03	21.87	7.63
Pathology	17.41	14.39	8.63	9.45	12.27	13.20	30.67	32.62	31.88
Census Division									
New England									
Middle Atlantic	7.60	13.62	9.30	11.75	9.33	10.96	9.74	11.12	15.98
East North Central	4.01	4.86	5.73	5.66	7.30	9.10	8.93	9.85	8.92
West North Central	3.64	5.24	6.13	5.84	6.86	6.34	7.61	8.25	9.04
South Atlantic	7.90	12.14	11.20	14.55	9.26	10.67	11.57	12.17	9.89
East South Central	4.72	6.71	6.50	5.79	8.73	7.86	8.50	9.81	10.36
West South Central	7.08	7.78	9.69	7.37	11.78	22.83	12.43	9.88	17.07
Mountain	5.51	9.12	9.76	7.72	6.74	8.96	6.50	11.53	11.14
Pacific	5.70	9.62	8.44	9.34	8.66	8.80	11.43	21.03	18.01
Type of Practice[b]									
Solo	4.63	5.36	6.53	7.64	8.55	7.50	8.40	12.40	8.68
Non-solo	1.93	2.55	2.57	2.82	3.32	3.04	3.82	4.18	4.03
Location									
Nonmetropolitan	3.21	4.71	4.99	4.58	4.95	6.00	5.18	6.86	6.16
Metropolitan—									
Less than 1,000,000	4.64	4.69	6.21	5.56	6.75	5.98	7.26	7.87	10.73
1,000,000 and over	2.50	3.86	4.01	4.29	4.51	5.59	5.45	5.47	6.00
Physician Age[b]	2.94	3.88	3.99	3.61	4.54	4.63	4.24	6.76	5.34
Less than 36 years	2.90	4.26	5.60	5.72	6.21	7.39	7.18	10.79	11.00
Less than 40 years	2.72	3.83	4.25	5.19	5.06	5.24	6.19	7.66	7.71
36-45 years	3.29	4.18	4.53	5.19	5.27	4.98	5.66	6.85	7.00
46-55 years	4.29	5.17	5.66	4.50	6.79	6.47	5.97	8.91	6.78
56-65 years	3.75	5.98	5.90	5.72	5.57	10.13	7.34	7.32	7.61
66 or more years	3.37	12.19	8.16	7.95	6.95	6.34	10.47	6.75	11.95

Table 35. **Median Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	139	138	135	192	130	213	105	38	67	60
Census Division										
New England	135	.	134	227	.	.	.	.	.	.
Middle Atlantic	117	96	105	200	118	185	.	36	89	.
East North Central	139	150	164	157	.	.	.	.	.	.
West North Central	154	165	134	188	.	.	.	.	.	.
South Atlantic	139	125	132	188	117	255	.	67	91	.
East South Central	153	.	.	193	.	.	.	.	.	.
West South Central	146	134	156	163	.	.	86	.	.	.
Mountain	155	.	.	225	.	.	.	.	.	.
Pacific	143	140	137	200	120	194	59	38	50	.
Type of Practice										
Solo	117	111	120	170	121	185	.	36	59	.
Non-solo	164	171	156	227	153	238	103	.	87	52
Location										
Nonmetropolitan	147	153	123	163	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	148	133	140	200	140	202	83	103	75	98
1,000,000 and over	127	120	133	190	122	235	119	35	60	.
Physician Age										
Less than 36 years	123	.	120	131	.	.	.	.	.	.
Less than 40 years	140	165	125	209	159	193	77	41	75	.
36-45 years	153	156	143	215	146	238	107	41	67	.
46-55 years	149	163	135	200	154	213	111	40	75	.
56-65 years	127	110	149	174	140	202	.	34	62	.
66 or more years	94	87	128	113	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

· Indicates fewer than 20 observations.

Table 36. **Median Professional Expenses (in thousands of dollars) of Self-Employed Physicians, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	61	78	89	99	109	119	119	129	139
Specialty									
General/Family Practice	63	81	92	96	98	116	117	128	138
Internal Medicine	66	74	91	100	104	115	117	126	135
Surgery	74	105	116	133	151	167	159	187	192
Pediatrics	55	73	76	89	100	115	123	118	130
Obstetrics/Gynecology	96	116	124	149	164	167	170	198	213
Radiology	35	55	75	66	78	104	88	112	105
Psychiatry	28	29	33	31	40	40	36	41	38
Anesthesiology	31	47	53	49	56	56	53	55	67
Pathology	19	15	36	40	65	44	83	63	60
Census Division									
New England	52	57	66	81	94	98	116	115	135
Middle Atlantic	49	61	81	80	92	105	109	95	117
East North Central	60	71	75	96	95	106	110	118	139
West North Central	65	82	102	103	125	134	128	163	154
South Atlantic	60	79	100	103	123	130	128	127	139
East South Central	68	85	104	116	128	138	135	150	153
West South Central	80	91	97	108	125	118	107	158	146
Mountain	63	84	82	97	94	132	147	150	155
Pacific	63	90	92	102	115	125	126	142	143
Type of Practice									
Solo	60	71	80	90	91	101	109	117	117
Non-solo	64	90	106	113	135	144	136	149	164
Location									
Nonmetropolitan	64	80	95	96	110	127	119	139	147
Metropolitan—									
Less than 1,000,000	63	80	93	102	113	121	120	130	148
1,000,000 and over	59	73	82	96	101	115	117	126	127
Physician Age[b]									
Less than 36 years	53	66	83	82	110	108	91	136	123
Less than 40 years	57	71	84	91	113	117	115	130	140
36-45 years	65	80	92	102	118	126	127	134	153
46-55 years	69	91	100	108	119	125	130	133	149
56-65 years	60	78	83	100	100	120	115	122	127
66 or more years	47	56	67	69	68	85	89	86	94

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 37. **Mean Nonphysician Personnel Payroll (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	66.1	64.3	62.9	88.3	60.1	82.4	53.1	25.0	46.4	45.7
Census Division										
New England	67.6	.	57.0	102.1	.	.	.	.	.	.
Middle Atlantic	55.7	41.0	53.3	83.2	38.4	77.4	58.0	9.0	34.6	.
East North Central	64.0	61.8	75.3	80.8	.	81.7	10.1	.	.	.
West North Central	69.3	66.8	.	82.5	.	.	.	.	.	.
South Atlantic	69.8	67.5	56.1	100.2	58.8	96.4	.	18.7	78.8	.
East South Central	77.0	.	.	80.3	.	.	.	.	.	.
West South Central	75.0	69.4	75.0	84.7	.	.	69.5	.	.	.
Mountain	73.8	.	.	104.8	.	.	.	.	.	.
Pacific	61.6	68.0	66.4	83.1	47.1	76.4	49.7	18.3	14.3	.
Type of Practice										
Solo	52.1	49.5	51.6	70.0	40.2	71.9	.	22.0	12.8	.
Non-solo	82.3	87.3	77.3	111.0	79.6	96.9	51.1	.	67.9	49.8
Location										
Nonmetropolitan	67.1	68.8	77.4	69.6	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	72.2	70.5	65.5	91.7	71.4	79.0	47.7	55.2	74.0	61.2
1,000,000 and over	60.7	54.3	59.8	89.2	50.9	88.4	60.8	13.6	22.3	8.8
Physician Age										
Less than 36 years	59.7	.	43.1	81.4	.	.	.	.	58.4	.
Less than 40 years	62.5	70.4	44.9	95.0	81.2	79.0	39.6	21.6	55.7	.
36-45 years	73.6	77.4	62.5	105.2	58.6	95.8	49.0	35.5	50.9	.
46-55 years	68.7	79.2	58.1	89.1	66.2	83.8	59.0	31.5	38.3	.
56-65 years	59.7	49.1	71.1	75.8	62.0	77.8	.	6.1	37.5	.
66 or more years	48.3	34.9	84.8	60.8	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

. Indicates fewer than 20 observations.

Table 37 (continued). **Standard Error of the Mean Nonphysician Personnel Payroll (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	1.64	4.51	2.86	3.46	5.34	5.04	6.30	6.44	6.53	15.59
Census Division										
New England	7.58	.	9.81	13.34	.	.	.	.	.	.
Middle Atlantic	3.77	7.87	5.64	9.60	4.86	12.38	18.64	4.60	9.69	.
East North Central	3.63	9.35	7.86	7.42	.	10.56	3.28	.	.	.
West North Central	5.10	6.56	.	11.05	.	.	.	.	.	.
South Atlantic	4.65	19.84	4.63	11.13	17.17	9.57	.	7.21	20.48	.
East South Central	6.43	.	.	8.02	.	.	.	.	.	.
West South Central	5.42	8.85	8.66	12.45	.	.	16.88	.	.	.
Mountain	7.80	.	.	14.86	.	.	.	.	.	.
Pacific	3.49	15.94	10.36	5.33	8.99	17.87	14.25	12.08	5.15	.
Type of Practice										
Solo	1.80	3.41	3.65	3.77	3.53	5.47	.	7.29	3.14	.
Non-solo	2.66	9.53	4.25	5.72	9.36	8.83	6.60	.	9.66	18.01
Location										
Nonmetropolitan	5.28	6.68	12.67	8.09	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	2.61	9.33	4.13	5.35	8.16	5.84	9.18	18.69	11.79	20.99
1,000,000 and over	2.27	4.13	4.04	5.15	7.66	8.77	9.38	4.96	5.59	3.64
Physician Age										
Less than 36 years	5.32	.	8.00	11.83	.	.	.	.	19.76	.
Less than 40 years	3.31	6.97	4.71	6.61	16.06	9.07	11.93	9.03	11.85	.
36-45 years	3.17	10.69	4.13	6.97	8.22	10.75	12.76	18.10	10.09	.
46-55 years	2.68	6.49	3.98	5.72	10.87	7.99	8.35	12.42	10.64	.
56-65 years	3.09	3.77	6.77	6.11	10.00	8.37	.	1.98	16.38	.
66 or more years	5.80	8.07	21.39	12.07	.	.	.	.	.	.

Table 38. **Mean Nonphysician Personnel Payroll (in thousands of dollars) per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	30.1	35.6	38.8	42.5	48.4	52.7	54.4	61.3	66.1
Specialty									
General/Family Practice	30.4	37.3	42.5	42.6	44.6	50.9	50.8	54.6	64.3
Internal Medicine	29.4	30.8	35.3	43.7	51.5	52.2	51.5	59.8	62.9
Surgery	38.3	43.0	48.1	58.3	61.3	71.8	74.1	79.9	88.3
Pediatrics	25.1	33.1	35.3	33.7	39.9	45.8	56.0	55.5	60.1
Obstetrics/Gynecology	45.8	42.8	45.7	48.1	64.4	61.0	66.6	83.0	82.4
Radiology	23.6	30.6	43.4	40.2	49.4	54.5	43.0	53.3	53.1
Psychiatry	11.3	16.0	14.7	15.5	18.7	15.5	14.3	17.7	25.0
Anesthesiology	25.9	39.9	29.2	23.4	29.6	32.8	38.9	51.5	46.4
Pathology	26.3	22.1	21.7	20.9	39.9	31.4	54.7	55.2	45.7
Census Division									
New England	30.5	25.3	28.7	36.6	35.0	48.1	46.1	50.3	67.6
Middle Atlantic	19.8	26.4	34.2	35.5	40.8	49.7	47.5	49.2	55.7
East North Central	28.2	31.1	33.3	40.0	46.2	47.6	54.4	56.6	64.0
West North Central	37.6	37.7	49.3	51.2	48.8	65.1	57.2	77.2	69.3
South Atlantic	31.7	41.4	40.5	46.6	57.9	58.0	62.6	66.7	69.8
East South Central	35.4	50.3	49.6	47.1	64.3	67.0	59.8	59.8	77.0
West South Central	38.3	46.0	50.2	44.0	47.5	49.6	44.1	68.2	75.0
Mountain	28.0	33.3	28.3	37.1	38.6	46.4	57.4	62.1	73.8
Pacific	28.2	34.5	39.1	45.9	51.2	50.2	56.2	65.0	61.6
Type of Practice									
Solo	26.0	29.2	31.8	35.9	40.2	40.9	45.2	49.5	52.1
Non-solo	35.7	45.6	50.0	52.9	60.3	67.9	66.7	74.9	82.3
Location									
Nonmetropolitan	34.7	33.7	43.0	43.2	52.0	54.4	55.9	60.4	67.1
Metropolitan—									
Less than 1,000,000	29.9	37.8	41.6	46.5	52.3	56.0	56.7	64.4	72.2
1,000,000 and over	28.9	33.8	34.8	38.5	43.6	49.2	51.8	58.5	60.7
Physician Age[b]									
Less than 36 years	19.7	26.2	34.2	35.2	42.4	46.6	44.0	50.3	59.7
Less than 40 years	23.7	29.6	35.3	39.5	47.0	49.2	51.4	58.5	62.5
36-45 years	32.0	35.5	38.7	44.1	52.1	54.4	54.9	65.2	73.6
46-55 years	35.0	41.2	43.3	44.8	53.8	55.9	60.5	66.2	68.7
56-65 years	31.3	36.8	40.6	45.2	41.7	55.5	55.4	57.7	59.7
66 or more years	25.8	32.0	26.1	30.7	37.8	33.4	34.8	38.8	48.3

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 38 (continued). **Standard Error of the Mean Nonphysician Personnel Payroll (in thousands of dollars) per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	0.84	1.20	1.18	1.14	1.28	1.40	1.43	1.74	1.64
Specialty									
General/Family Practice	1.44	2.13	2.64	2.68	2.58	2.07	2.10	2.86	4.51
Internal Medicine	1.81	1.99	1.86	2.16	3.10	2.67	2.57	3.37	2.86
Surgery	2.35	2.19	2.32	2.81	2.76	3.56	3.52	3.49	3.46
Pediatrics	2.15	2.33	3.16	2.27	2.87	3.09	3.97	5.10	5.34
Obstetrics/Gynecology	3.44	3.36	6.30	2.94	5.40	4.21	5.03	7.53	5.04
Radiology	3.38	4.00	5.06	6.74	6.37	8.92	8.94	8.76	6.30
Psychiatry	1.33	5.88	2.57	2.41	3.08	3.40	2.32	2.95	6.44
Anesthesiology	4.36	8.94	6.61	3.61	5.82	9.05	10.29	13.20	6.53
Pathology	7.25	4.76	4.53	5.29	12.71	6.16	13.10	15.12	15.59
Census Division									
New England	4.16	3.46	2.93	4.42	3.30	4.86	4.06	5.40	7.58
Middle Atlantic	1.37	1.98	3.82	2.48	3.04	3.76	3.80	3.51	3.77
East North Central	1.62	2.04	2.61	2.55	3.19	2.66	4.62	4.12	3.63
West North Central	3.74	4.45	4.80	5.49	4.28	6.81	4.60	10.60	5.10
South Atlantic	2.21	3.56	2.40	2.89	3.58	3.59	3.81	4.46	4.65
East South Central	3.47	5.21	4.29	3.34	5.56	8.09	4.74	4.53	6.43
West South Central	2.55	5.97	4.46	2.93	2.98	3.90	2.41	5.88	5.42
Mountain	3.01	3.05	2.67	3.65	3.82	3.77	5.19	7.17	7.80
Pacific	2.34	2.10	2.94	3.63	3.73	3.11	3.28	4.17	3.49
Type of Practice									
Solo	0.84	0.92	1.07	1.17	1.49	1.22	1.48	1.70	1.80
Non-solo	1.60	2.63	2.47	2.14	2.16	2.64	2.61	3.08	2.66
Location									
Nonmetropolitan	2.71	1.96	2.91	2.76	3.92	3.05	3.73	3.73	5.28
Metropolitan—									
Less than 1,000,000	1.01	1.74	1.92	1.93	1.89	2.28	2.38	2.75	2.61
1,000,000 and over	1.47	2.01	1.69	1.52	1.93	2.05	1.95	2.53	2.27
Physician Age[b]									
Less than 36 years	1.13	1.51	2.55	2.35	2.79	3.49	4.01	3.76	5.32
Less than 40 years	1.13	1.77	2.01	2.20	2.36	2.21	3.22	3.40	3.31
36-45 years	1.77	1.91	2.02	2.14	2.48	2.11	2.42	3.06	3.17
46-55 years	1.87	2.96	2.98	2.30	2.63	3.00	2.76	3.92	2.68
56-65 years	1.60	3.13	2.30	2.55	2.19	3.82	3.61	2.89	3.09
66 or more years	2.46	3.42	2.41	2.93	4.43	2.32	2.62	3.24	5.80

Table 39. **Mean Office Expenses (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	42.5	34.5	41.2	60.3	43.2	55.4	24.8	25.9	13.8	17.0
Census Division										
New England	45.0	.	35.3	62.1	.	.	.	.	.	.
Middle Atlantic	37.8	30.3	38.6	54.1	34.6	50.7	.	16.0	12.2	.
East North Central	39.1	31.6	49.6	50.8	36.6	49.9	.	.	.	.
West North Central	39.9	31.3	38.6	50.7	.	.	.	.	.	.
South Atlantic	43.1	35.6	35.6	67.6	32.7	68.0	.	.	16.6	.
East South Central	56.0	.	.	61.9	.	.	.	.	.	.
West South Central	42.3	47.4	44.1	57.4	.	.	21.7	.	.	.
Mountain	49.2	.	.	90.8	.	.	.	.	.	.
Pacific	43.0	31.6	41.5	60.4	27.7	48.9	13.9	33.7	17.3	.
Type of Practice										
Solo	37.9	29.7	35.9	51.2	32.0	47.5	.	24.0	12.2	.
Non-solo	47.6	41.6	47.7	71.6	53.9	65.5	24.5	37.2	14.8	17.5
Location										
Nonmetropolitan	34.5	33.2	32.8	41.4	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	42.5	31.2	37.0	61.4	53.8	49.1	24.6	51.1	14.5	23.9
1,000,000 and over	43.7	39.0	44.8	63.2	33.0	64.9	27.0	16.4	13.3	.
Physician Age										
Less than 36 years	43.6	.	47.1	49.8	.	.	.	.	.	.
Less than 40 years	44.3	44.9	39.7	74.2	52.9	57.1	17.1	23.3	13.5	.
36-45 years	46.2	37.1	40.5	77.1	28.7	63.5	31.6	32.5	16.7	.
46-55 years	42.5	36.4	44.3	52.8	38.2	49.3	23.3	28.9	15.6	.
56-65 years	42.1	32.1	35.6	59.2	86.9	56.7	.	19.8	9.6	.
66 or more years	28.1	23.0	39.4	36.8	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

· Indicates fewer than 20 observations.

Table 39 (continued). **Standard Error of the Mean Office Expenses (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	1.30	2.91	2.15	2.98	7.61	3.89	4.90	4.78	1.64	4.65
Census Division										
New England	5.72	.	6.05	9.32	.	.	.	.	.	.
Middle Atlantic	2.21	5.98	4.81	5.45	4.24	8.10	.	1.66	3.58	.
East North Central	2.54	5.06	6.34	5.21	8.11	10.83	.	.	.	.
West North Central	4.22	5.48	5.82	8.31	.	.	.	.	.	.
South Atlantic	3.19	10.01	4.89	8.46	7.87	10.75	.	.	3.72	.
East South Central	10.43	.	.	14.82	.	.	.	.	.	.
West South Central	3.88	13.70	4.88	13.62	.	.	5.37	.	.	.
Mountain	6.33	.	.	17.61	.	.	.	.	.	.
Pacific	2.97	3.30	5.50	5.59	5.11	6.30	4.89	14.71	4.92	.
Type of Practice										
Solo	1.56	2.47	2.57	3.53	3.15	3.89	.	5.55	2.69	.
Non-solo	2.07	6.05	3.46	4.85	14.34	7.00	5.28	6.94	2.07	5.25
Location										
Nonmetropolitan	3.17	5.10	6.07	5.28	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	2.08	4.49	2.67	4.17	15.27	5.51	9.23	15.70	2.55	7.98
1,000,000 and over	1.85	5.33	3.29	4.92	4.13	5.95	3.82	1.43	2.19	.
Physician Age										
Less than 36 years	4.68	.	10.00	8.30	.	.	.	.	.	.
Less than 40 years	2.87	10.68	5.15	7.95	10.88	9.21	4.85	6.05	2.82	.
36-45 years	2.34	5.56	3.63	6.36	4.01	7.86	14.69	14.11	2.70	.
46-55 years	2.03	3.95	3.88	3.69	7.29	4.85	3.06	9.29	3.86	.
56-65 years	3.32	4.07	3.23	6.70	40.54	7.31	.	2.53	2.69	.
66 or more years	2.97	4.50	9.39	7.26	.	.	.	.	.	.

Table 40. **Mean Office Expenses (in thousands of dollars) per Self-Employed Physician, 1982-1992[a]**

	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	17.8	26.4	28.5	30.0	34.0	33.3	33.7	39.2	42.5
Specialty									
General/Family Practice	18.2	25.0	29.2	30.0	32.5	30.0	29.8	36.6	34.5
Internal Medicine	18.6	25.9	28.0	28.7	35.5	32.0	35.6	40.4	41.2
Surgery	22.2	32.1	38.0	38.2	43.7	45.2	42.7	50.1	60.3
Pediatrics	17.5	23.1	20.8	31.1	29.0	30.1	30.8	35.6	43.2
Obstetrics/Gynecology	24.9	36.6	37.8	42.7	43.0	39.7	46.2	49.4	55.4
Radiology	12.8	33.7	20.5	26.2	28.4	35.2	26.4	20.1	24.8
Psychiatry	12.8	14.8	15.0	16.7	19.8	17.8	16.5	23.2	25.9
Anesthesiology	6.4	11.2	15.1	9.9	13.0	11.5	13.0	9.0	13.8
Pathology	8.1	8.2	7.4	8.0	11.9	11.9	21.1	16.3	17.0
Census Division									
New England	14.5	27.4	20.1	23.9	24.9	27.9	30.0	29.3	45.0
Middle Atlantic	16.5	20.9	28.8	27.0	31.5	33.1	34.7	35.3	37.8
East North Central	14.5	25.8	21.6	27.4	32.1	29.2	26.3	33.8	39.1
West North Central	18.1	26.3	30.8	27.6	32.6	32.9	34.4	31.7	39.9
South Atlantic	18.6	24.5	30.4	30.0	34.1	36.7	36.5	42.0	43.1
East South Central	17.2	26.1	30.5	32.8	33.6	32.2	35.9	39.3	56.0
West South Central	23.2	32.1	37.2	32.6	40.9	35.7	27.4	43.7	42.3
Mountain	15.6	27.2	23.7	28.1	31.2	28.2	34.1	35.2	49.2
Pacific	19.4	30.1	30.2	36.9	38.9	36.0	39.8	47.9	43.0
Type of Practice									
Solo	17.4	25.0	26.7	28.3	32.0	30.5	30.5	35.8	37.9
Non-solo	18.3	28.7	31.3	32.4	37.0	36.8	37.9	43.0	47.6
Location									
Nonmetropolitan	16.4	21.6	28.1	26.2	26.9	31.3	29.6	38.9	34.5
Metropolitan—									
Less than 1,000,000	17.7	26.9	26.4	29.8	34.1	32.6	34.2	37.6	42.5
1,000,000 and over	18.3	27.2	30.8	31.0	35.7	34.5	34.2	40.9	43.7
Physician Age[b]									
Less than 36 years	14.2	25.7	27.0	29.7	31.4	29.2	29.5	39.6	43.6
Less than 40 years	15.8	26.3	25.4	29.4	33.8	32.3	33.6	40.0	44.3
36-45 years	18.2	26.4	28.8	30.5	37.4	35.8	35.0	42.7	46.2
46-55 years	20.3	29.1	31.0	30.6	36.4	34.6	37.0	38.6	42.5
56-65 years	19.2	23.2	28.2	30.6	29.9	32.6	30.6	36.1	42.1
66 or more years	10.9	26.9	19.9	23.8	23.7	22.8	26.4	27.6	28.1

Source: 1983-1992, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. The office expense question was modified on the 1993 survey. See Appendices C and D for further explanation.

Table 40 (continued). **Standard Error of the Mean Office Expenses (in thousands of dollars) per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	0.49	0.81	0.84	0.87	0.97	0.96	0.95	1.36	1.30
Specialty									
General/Family Practice	1.07	1.83	2.17	1.87	2.12	2.32	1.92	2.95	2.91
Internal Medicine	1.15	1.62	1.78	1.62	2.54	1.83	2.23	3.46	2.15
Surgery	1.16	1.72	2.08	2.28	2.05	2.29	1.87	2.80	2.98
Pediatrics	1.74	1.93	1.59	2.68	2.88	2.35	2.73	4.14	7.61
Obstetrics/Gynecology	2.69	3.03	3.07	3.35	3.71	3.06	6.25	4.50	3.89
Radiology	2.00	6.72	3.36	3.36	5.22	6.88	4.19	3.62	4.90
Psychiatry	1.17	1.30	1.24	1.33	1.84	1.56	1.34	2.25	4.78
Anesthesiology	1.05	1.20	1.46	1.32	2.61	1.76	2.40	1.39	1.64
Pathology	2.10	2.32	1.53	2.65	3.75	4.12	8.58	4.53	4.65
Census Division									
New England	1.56	6.03	2.11	3.31	3.80	2.92	3.67	3.07	5.72
Middle Atlantic	1.39	1.59	2.27	2.02	2.18	2.11	2.73	3.14	2.21
East North Central	0.88	2.08	1.48	2.01	2.41	2.41	1.69	2.39	2.54
West North Central	1.83	3.72	3.50	5.59	3.87	2.99	3.86	3.02	4.22
South Atlantic	1.27	1.50	2.26	1.66	2.15	2.44	2.40	3.55	3.19
East South Central	1.83	2.64	3.75	3.45	3.50	3.84	4.39	6.22	10.43
West South Central	1.75	2.43	3.25	2.05	3.38	3.80	1.59	3.96	3.88
Mountain	1.41	3.69	2.13	2.59	3.70	2.46	4.31	4.07	6.33
Pacific	1.38	1.99	1.88	2.75	2.81	2.45	2.64	4.32	2.97
Type of Practice									
Solo	0.59	0.97	0.93	0.99	1.15	0.97	1.06	1.44	1.56
Non-solo	0.83	1.41	1.57	1.55	1.66	1.74	1.68	2.35	2.07
Location									
Nonmetropolitan	1.25	1.75	2.52	1.94	2.37	2.95	2.26	5.68	3.17
Metropolitan—									
Less than 1,000,000	0.74	1.35	1.02	1.19	1.36	1.30	1.60	1.76	2.08
1,000,000 and over	0.76	1.16	1.46	1.48	1.61	1.55	1.31	2.13	1.85
Physician Age[b]									
Less than 36 years	0.89	2.11	2.24	3.20	2.50	2.18	2.46	4.65	4.68
Less than 40 years	0.81	1.52	1.33	2.03	1.94	2.13	2.02	3.03	2.87
36-45 years	0.94	1.26	1.48	1.48	1.86	1.83	1.78	2.61	2.34
46-55 years	1.00	1.70	1.91	1.51	1.99	1.84	1.79	2.29	2.03
56-65 years	1.24	1.31	1.61	1.90	1.75	2.08	1.85	2.82	3.32
66 or more years	0.88	5.20	1.63	2.37	2.50	1.96	2.57	2.54	2.97

Table 41. **Mean Expenditures (in thousands of dollars) on Medical Supplies per Self-Employed Physician, 1992[a]**

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Oh/Gyn	Rad	Psych	Anes	Path
All Physicians	16.1	20.2	16.2	19.2	24.4	20.2	15.0	0.7	0.9	23.2
Census Division										
New England	13.2	.	17.7	16.9	.	.	.	.	.	.
Middle Atlantic	12.7	8.4	10.7	19.8	27.9	20.0	.	0.8	0.4	.
East North Central	15.3	16.8	27.8	12.4	.	16.7	.	.	.	.
West North Central	14.4	18.7	.	15.8	.	.	.	.	.	.
South Atlantic	16.4	23.9	12.3	23.7	23.7	22.8	.	0.3	1.2	.
East South Central	20.9	.	.	22.2	.	.	.	.	.	.
West South Central	20.5	22.3	20.1	18.5	.	.	21.3	.	.	.
Mountain	18.4	.	.	23.3	.	.	.	.	.	.
Pacific	16.3	25.8	19.5	18.7	21.2	11.1	9.3	0.4	2.0	.
Type of Practice										
Solo	13.4	14.3	14.0	16.5	19.7	20.2	.	0.7	1.6	.
Non-solo	19.2	29.0	18.9	22.3	28.9	20.4	14.9	0.9	0.4	25.8
Location										
Nonmetropolitan	19.3	23.1	15.3	15.9	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	16.6	16.8	16.9	21.1	25.6	22.6	13.5	0.6	1.0	26.8
1,000,000 and over	15.2	22.7	15.7	18.0	24.5	17.2	17.8	0.8	0.8	.
Physician Age										
Less than 36 years	14.4	.	10.4	18.7	.	.	.	.	.	.
Less than 40 years	14.1	22.4	11.2	20.0	31.4	15.6	4.8	0.8	0.4	.
36-45 years	16.6	19.4	16.0	22.6	21.7	19.5	13.7	0.9	1.1	.
46-55 years	16.5	21.3	14.0	17.5	27.8	27.7	14.7	0.5	0.7	.
56-65 years	15.5	12.6	22.5	16.9	25.2	17.9	.	0.5	1.4	.
66 or more years	15.9	26.6	17.5	17.7	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

. Indicates fewer than 20 observations.

Table 41 (continued). **Standard Error of the Mean Expenditures (in thousands of dollars) on Medical Supplies per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.68	2.18	1.72	1.15	2.33	2.26	2.67	0.20	0.19	9.29
Census Division										
New England	2.23	.	6.65	4.89	.	.	.	.	.	.
Middle Atlantic	1.33	1.64	2.06	3.91	4.24	6.79	.	0.28	0.22	.
East North Central	1.95	4.10	8.77	1.58	.	3.87	.	.	.	.
West North Central	1.60	3.06	.	3.70	.	.	.	.	.	.
South Atlantic	1.48	5.78	2.03	3.37	9.58	4.01	.	0.15	0.60	.
East South Central	2.41	.	.	3.55	.	.	.	.	.	.
West South Central	2.81	3.12	3.94	2.45	.	.	7.38	.	.	.
Mountain	3.27	.	.	4.85	.	.	.	.	.	.
Pacific	1.73	8.98	5.67	2.59	4.51	1.88	3.57	0.24	0.57	.
Type of Practice										
Solo	0.73	1.29	2.07	1.33	2.08	3.70	.	0.24	0.42	.
Non-solo	1.13	4.78	2.80	1.90	4.00	2.30	2.82	0.27	0.16	10.56
Location										
Nonmetropolitan	2.77	3.07	3.62	2.10	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	0.97	2.21	3.09	1.76	2.34	3.52	4.29	0.18	0.34	10.14
1,000,000 and over	1.00	5.19	2.18	1.77	4.33	3.23	3.50	0.28	0.20	.
Physician Age										
Less than 36 years	2.24	.	2.98	4.06	.	.	.	.	.	.
Less than 40 years	1.38	3.70	2.73	2.15	8.15	2.94	2.43	0.42	0.17	.
36-45 years	1.14	2.62	2.99	2.09	2.61	2.44	5.39	0.68	0.28	.
46-55 years	1.20	2.21	2.59	1.75	3.65	7.68	3.39	0.23	0.29	.
56-65 years	1.39	1.96	4.48	2.55	3.21	2.79	.	0.17	0.70	.
66 or more years	3.46	12.73	6.80	5.73	.	.	.	.	.	.

Table 42. **Mean Expenditures (in thousands of dollars) on Medical Supplies per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	7.6	11.2	13.2	13.5	14.5	17.0	16.5	18.3	16.1
Specialty									
General/Family Practice	10.8	14.8	17.6	17.2	16.2	19.9	20.4	20.1	20.2
Internal Medicine	7.5	11.5	14.9	16.8	15.1	21.2	15.5	22.0	16.2
Surgery	8.8	13.8	13.4	13.8	17.4	17.8	19.7	18.1	19.2
Pediatrics	7.4	12.6	14.8	16.6	20.7	21.2	24.8	24.7	24.4
Obstetrics/Gynecology	9.6	12.2	14.1	17.4	18.5	18.0	24.9	24.9	20.2
Radiology	8.1	12.1	16.8	14.3	15.0	20.4	17.0	10.8	15.0
Psychiatry	1.6	1.7	2.6	1.4	1.8	1.6	1.2	2.1	0.7
Anesthesiology	0.9	0.7	2.3	2.2	1.0	2.4	0.6	14.9	0.9
Pathology	12.0	12.5	7.2	5.6	7.0	15.8	10.1	17.1	23.2
Census Division									
New England	5.0	10.1	10.3	9.5	9.5	12.6	13.5	13.0	13.2
Middle Atlantic	4.7	7.3	10.0	12.2	11.5	15.1	12.9	12.4	12.7
East North Central	7.0	10.1	11.0	13.6	14.0	13.1	13.9	16.5	15.3
West North Central	9.5	14.2	17.3	17.6	13.5	17.1	16.4	21.8	14.4
South Atlantic	7.8	12.1	14.6	13.1	16.9	16.5	17.3	20.6	16.4
East South Central	8.5	12.2	17.7	13.5	18.2	26.4	24.3	16.8	20.9
West South Central	11.3	15.3	18.4	15.7	17.3	20.6	13.9	20.7	20.5
Mountain	7.9	13.9	14.3	12.3	11.8	16.4	16.8	20.3	18.4
Pacific	7.7	10.7	10.8	13.8	15.4	19.1	20.9	21.6	16.3
Type of Practice									
Solo	7.1	9.9	11.0	12.5	12.8	14.2	15.1	16.6	13.4
Non-solo	8.3	13.4	16.9	15.0	16.9	20.6	18.4	20.2	19.2
Location									
Nonmetropolitan	9.2	13.5	15.5	17.1	14.5	19.5	18.6	21.9	19.3
Metropolitan—									
Less than 1,000,000	7.5	11.3	14.7	13.5	15.5	17.7	15.9	16.9	16.6
1,000,000 and over	7.3	10.6	11.1	12.6	13.5	15.8	16.7	19.0	15.2
Physician Age[b]									
Less than 36 years	5.9	10.3	12.8	11.2	13.0	14.0	13.7	16.7	14.4
Less than 40 years	6.2	11.0	11.9	13.0	12.6	16.2	15.0	18.5	14.1
36-45 years	7.7	11.5	12.6	15.0	15.8	18.0	18.0	19.0	16.6
46-55 years	9.0	11.2	16.6	12.7	15.4	17.7	16.2	20.2	16.5
56-65 years	8.0	11.8	11.8	13.7	13.4	17.9	17.0	16.7	15.5
66 or more years	5.6	10.3	9.1	11.8	10.0	11.9	11.0	11.6	15.9

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. The medical expense question was modified on the 1993 survey. See Appendices C and D for further explanation.

Table 42 (continued). **Standard Error of the Mean Expenditures (in thousands of dollars) on Medical Supplies per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	0.29	0.48	0.66	0.54	0.57	0.74	0.70	0.84	0.68
Specialty									
General/Family Practice	0.58	1.18	1.49	1.53	1.06	1.20	1.61	1.34	2.18
Internal Medicine	0.65	1.19	2.01	1.38	1.29	2.79	1.28	2.28	1.72
Surgery	0.68	1.15	1.44	1.09	1.37	1.23	1.81	1.08	1.15
Pediatrics	0.76	1.31	1.30	1.68	2.16	2.18	1.95	2.00	2.33
Obstetrics/Gynecology	1.16	1.18	1.64	1.88	1.91	1.57	3.63	3.04	2.26
Radiology	1.56	2.90	2.93	3.32	3.09	5.14	4.22	2.27	2.67
Psychiatry	0.56	0.24	1.38	0.24	0.25	0.27	0.25	0.41	0.20
Anesthesiology	0.42	0.15	0.51	0.57	0.35	0.62	0.17	8.51	0.19
Pathology	4.00	5.08	2.08	2.09	3.21	4.46	2.91	6.25	9.29
Census Division									
New England	0.63	3.06	3.34	2.01	1.51	2.10	2.38	2.82	2.23
Middle Atlantic	0.59	0.80	0.94	1.12	1.19	1.83	1.13	1.03	1.33
East North Central	0.64	1.00	1.13	1.47	1.56	1.08	1.07	1.84	1.95
West North Central	1.31	3.49	2.80	3.24	1.24	1.92	2.06	2.46	1.60
South Atlantic	0.64	1.03	1.50	1.01	1.48	1.19	1.62	2.06	1.48
East South Central	1.10	1.10	2.92	1.40	2.56	4.14	3.87	1.76	2.41
West South Central	1.10	1.60	2.82	1.56	1.83	3.44	1.53	2.14	2.81
Mountain	1.19	1.91	4.32	2.58	1.54	2.10	2.87	4.77	3.27
Pacific	0.82	1.14	1.02	1.57	1.71	2.34	2.63	3.01	1.73
Type of Practice									
Solo	0.37	0.50	0.69	0.63	0.63	0.80	0.98	0.91	0.73
Non-solo	0.46	0.93	1.29	0.96	1.02	1.30	1.01	1.44	1.13
Location									
Nonmetropolitan	0.84	1.31	1.44	1.84	1.32	1.48	1.87	2.04	2.77
Metropolitan—									
Less than 1,000,000	0.42	0.67	1.24	0.84	0.89	1.26	1.17	1.07	0.97
1,000,000 and over	0.46	0.77	0.68	0.75	0.86	1.04	0.96	1.45	1.00
Physician Age[b]									
Less than 36 years	0.50	0.99	1.48	1.05	1.34	1.33	1.47	2.13	2.24
Less than 40 years	0.43	0.80	0.91	1.03	0.85	1.35	1.09	1.82	1.38
36-45 years	0.52	0.81	0.88	1.05	1.12	1.12	1.31	1.32	1.14
46-55 years	0.70	0.82	2.01	1.03	1.05	1.79	1.13	2.10	1.20
56-65 years	0.65	1.31	1.04	1.23	1.29	1.69	1.90	1.19	1.39
66 or more years	0.65	2.23	1.22	1.74	1.27	1.43	1.73	1.15	3.46

Table 43. **Mean Professional Liability Premiums (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	13.5	8.1	8.5	20.6	7.8	33.5	10.0	4.3	17.2	5.9
Census Division										
New England	16.5	.	9.3	28.2	.	.	.	.	.	.
Middle Atlantic	15.9	9.0	10.0	25.9	8.3	48.5	.	4.0	20.5	.
East North Central	15.7	8.6	12.5	25.4	8.2	32.7	11.1	.	.	.
West North Central	12.5	9.2	6.3	18.5	.	.	.	.	.	.
South Atlantic	12.9	7.1	6.9	18.8	6.5	35.7	11.3	4.1	23.8	.
East South Central	9.7	5.4	.	14.7	.	.	.	.	.	.
West South Central	11.5	9.3	7.0	17.8	.	.	7.3	.	.	.
Mountain	14.9	.	.	21.4	.	.	.	.	.	.
Pacific	11.6	7.8	6.8	16.9	7.9	25.9	8.5	4.2	11.4	.
Type of Practice										
Solo	12.5	7.4	8.0	19.7	8.3	31.1	.	4.2	15.2	.
Non-solo	14.6	9.1	9.1	21.7	7.3	36.5	10.3	5.1	18.4	6.3
Location										
Nonmetropolitan	10.1	8.2	5.4	14.4	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	13.3	8.3	8.0	20.7	7.6	28.3	9.3	4.2	15.3	6.5
1,000,000 and over	14.2	7.8	9.1	21.8	8.2	39.6	11.1	4.4	18.9	5.9
Physician Age										
Less than 36 years	12.1	.	7.9	16.3	.	.	.	.	.	.
Less than 40 years	13.2	7.3	8.4	19.6	9.4	32.9	10.5	4.7	15.7	.
36-45 years	13.8	8.6	8.8	21.3	8.4	34.3	12.2	4.2	17.1	.
46-55 years	14.4	7.9	8.7	22.4	6.4	35.4	10.0	4.7	17.3	.
56-65 years	14.2	7.7	8.0	20.2	7.7	34.5	.	5.0	20.4	7.1
66 or more years	9.7	8.4	7.8	16.4	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

· Indicates fewer than 20 observations.

Table 43 (continued). **Standard Error of the Mean Professional Liability Premiums (in thousands of dollars) per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.29	0.50	0.43	0.56	0.72	1.50	0.50	0.37	0.86	0.50
Census Division										
New England	1.67	.	2.87	2.83	.	.	.	.	.	.
Middle Atlantic	0.84	1.62	0.69	1.66	0.68	4.12	.	0.94	1.86	.
East North Central	0.86	1.11	1.97	1.80	1.27	3.69	1.28	.	.	.
West North Central	0.85	0.77	0.85	1.69	.	.	.	.	.	.
South Atlantic	0.71	1.01	0.45	1.34	1.46	3.96	2.20	0.49	1.76	.
East South Central	0.75	0.96	.	1.35	.	.	.	.	.	.
West South Central	0.82	3.10	1.47	1.77	.	.	1.05	.	.	.
Mountain	0.99	.	.	1.54	.	.	.	.	.	.
Pacific	0.50	0.64	0.61	0.91	2.15	2.74	1.06	0.72	1.03	.
Type of Practice										
Solo	0.42	0.41	0.50	0.84	1.34	2.10	.	0.42	1.28	.
Non-solo	0.40	1.07	0.72	0.74	0.68	2.10	0.53	.	1.12	0.56
Location										
Nonmetropolitan	0.65	0.72	0.58	1.34	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	0.41	1.06	0.77	0.77	1.19	1.61	0.77	0.91	1.04	0.75
1,000,000 and over	0.45	0.45	0.56	0.92	0.97	2.51	0.68	0.37	1.34	0.84
Physician Age										
Less than 36 years	0.96	.	1.24	1.86	.	.	.	.	.	.
Less than 40 years	0.60	0.62	1.39	1.14	1.66	2.34	1.76	0.49	1.41	.
36-45 years	0.47	0.63	0.86	0.94	1.33	2.17	1.21	0.37	1.07	.
46-55 years	0.55	0.67	0.64	1.08	0.45	3.77	0.49	0.47	1.46	.
56-65 years	0.65	0.84	0.71	1.17	0.85	2.72	.	1.13	3.15	1.19
66 or more years	1.05	2.50	0.82	2.10	.	.	.	.	.	.

Table 44. **Mean Professional Liability Premiums (in thousands of dollars) per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	5.8	10.5	12.8	15.0	15.9	15.5	14.5	14.9	13.5
Specialty									
General/Family Practice	3.5	6.8	7.3	8.9	9.4	9.0	7.8	8.1	8.1
Internal Medicine	3.7	5.8	7.1	8.4	9.0	8.2	9.2	8.0	8.5
Surgery	9.9	16.6	21.3	24.5	26.5	25.8	22.8	22.5	20.6
Pediatrics	2.9	4.7	6.3	7.1	9.3	7.8	7.8	8.4	7.8
Obstetrics/Gynecology	10.8	23.5	29.3	35.3	35.3	37.0	34.3	34.9	33.5
Radiology	4.8	8.9	10.4	9.5	12.9	13.3	11.5	21.4	10.0
Psychiatry	1.7	2.5	3.4	3.8	4.4	6.3	4.5	4.8	4.3
Anesthesiology	10.0	17.9	20.5	22.9	23.6	21.7	20.8	23.7	17.2
Pathology	3.1	3.1	4.4	6.2	4.9	5.5	7.7	5.9	5.9
Census Division									
New England	5.5	9.8	10.7	17.9	18.2	17.7	19.8	14.7	16.5
Middle Atlantic	7.4	12.9	14.9	17.0	15.5	18.1	16.1	19.7	15.9
East North Central	5.3	10.7	13.4	13.9	14.8	16.1	15.1	14.2	15.7
West North Central	5.2	10.1	13.6	15.4	19.2	15.8	13.6	15.3	12.5
South Atlantic	5.6	11.3	14.4	15.5	18.4	15.6	15.4	13.9	12.9
East South Central	4.5	9.7	10.1	12.6	13.5	15.6	15.1	14.2	9.7
West South Central	4.2	7.0	8.1	11.9	13.4	11.3	11.2	10.6	11.5
Mountain	5.5	8.1	12.0	16.1	16.8	19.4	18.7	17.4	14.9
Pacific	6.8	11.1	12.8	14.4	14.4	12.7	10.9	14.0	11.6
Type of Practice									
Solo	5.6	9.5	11.9	14.0	14.3	13.7	13.0	12.5	12.5
Non-solo	6.0	11.8	14.0	16.2	17.8	17.7	16.3	17.3	14.6
Location									
Nonmetropolitan	4.4	7.6	10.9	14.2	13.6	13.5	12.4	12.9	10.1
Metropolitan—									
Less than 1,000,000	5.9	10.1	12.3	14.1	15.6	15.6	15.1	13.8	13.3
1,000,000 and over	6.1	11.6	13.8	16.0	16.6	16.0	14.4	16.4	14.2
Physician Age[b]									
Less than 36 years	4.5	9.0	10.5	13.0	11.2	12.2	10.8	12.3	12.1
Less than 40 years	5.0	9.2	11.5	14.3	13.3	12.8	13.1	14.2	13.2
36-45 years	6.5	10.6	13.0	14.7	16.9	15.1	14.8	13.9	13.8
46-55 years	6.1	11.7	14.8	16.2	17.0	17.6	16.1	15.6	14.4
56-65 years	5.5	10.4	12.3	16.4	16.5	16.6	14.9	19.0	14.2
66 or more years	4.7	8.5	9.9	11.0	11.5	11.7	10.2	8.7	9.7

Source: 1982-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 44 (continued). **Standard Error of the Mean Professional Liability Premiums (in thousands of dollars) per Self-Employed Physician, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	0.14	0.23	0.29	0.39	0.41	0.43	0.35	0.71	0.29
Specialty									
General/Family Practice	0.18	0.43	0.37	0.95	0.57	0.56	0.30	0.39	0.50
Internal Medicine	0.29	0.38	0.49	0.44	0.68	0.31	0.89	0.35	0.43
Surgery	0.35	0.49	0.67	0.96	0.94	1.14	0.73	0.88	0.56
Pediatrics	0.32	0.31	0.39	0.41	1.78	0.48	0.41	0.77	0.72
Obstetrics/Gynecology	0.55	1.05	1.21	1.50	1.72	1.93	1.61	4.00	1.50
Radiology	0.30	0.77	0.87	0.48	0.99	0.90	0.88	10.96	0.50
Psychiatry	0.12	0.15	0.19	0.24	0.25	2.06	0.23	0.26	0.37
Anesthesiology	0.57	0.81	0.93	1.03	1.22	1.01	0.96	5.82	0.86
Pathology	0.47	0.20	0.28	0.84	0.52	0.44	0.86	0.48	0.50
Census Division									
New England	0.55	1.14	1.31	3.30	2.42	2.71	2.29	1.65	1.67
Middle Atlantic	0.44	0.66	0.81	1.03	0.85	1.21	0.93	3.57	0.84
East North Central	0.29	0.53	0.69	0.77	0.78	0.90	0.70	0.76	0.86
West North Central	0.47	0.82	0.91	1.06	2.04	1.05	1.03	1.79	0.85
South Atlantic	0.35	0.66	0.85	0.83	1.11	1.20	0.76	0.79	0.71
East South Central	0.38	0.94	0.81	0.99	1.11	2.76	2.49	1.35	0.75
West South Central	0.29	0.43	0.61	1.54	1.10	0.77	0.71	0.81	0.82
Mountain	0.47	0.65	0.95	1.38	1.37	1.45	2.29	1.91	0.99
Pacific	0.39	0.56	0.69	0.80	1.19	0.65	0.48	1.80	0.50
Type of Practice									
Solo	0.18	0.28	0.38	0.52	0.56	0.48	0.40	0.42	0.42
Non-solo	0.21	0.39	0.45	0.60	0.59	0.74	0.58	1.36	0.40
Location									
Nonmetropolitan	0.28	0.39	0.64	1.47	0.87	0.92	0.81	1.21	0.65
Metropolitan—									
Less than 1,000,000	0.20	0.34	0.43	0.56	0.59	0.73	0.57	0.47	0.41
1,000,000 and over	0.22	0.38	0.47	0.58	0.67	0.61	0.49	1.46	0.45
Physician Age[b]									
Less than 36 years	0.31	0.51	0.55	0.75	0.60	0.84	0.71	0.96	0.96
Less than 40 years	0.23	0.37	0.48	0.66	0.59	0.55	0.62	0.76	0.60
36-45 years	0.27	0.39	0.56	0.58	0.77	0.64	0.58	0.58	0.47
46-55 years	0.28	0.50	0.59	0.70	0.82	0.91	0.60	1.19	0.55
56-65 years	0.27	0.52	0.61	1.32	0.96	1.26	1.10	2.99	0.65
66 or more years	0.38	0.80	0.91	0.95	1.03	1.14	0.86	0.55	1.05

Table 45. **Mean Expenditures (in thousands of dollars) on Medical Equipment per Self-Employed Physician, 1992[a]**

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	7.3	5.1	6.7	10.9	4.8	8.3	16.7	0.7	1.9	5.2
Census Division										
New England	6.5	.	.	10.3	.	.	.	.	.	.
Middle Atlantic	6.3	.	5.2	9.0	3.9	8.8	.	0.7	0.7	.
East North Central	6.4	4.2	9.5	8.4	.	.	.	.	.	.
West North Central	7.8	5.5	.	10.7	.	.	.	.	.	.
South Atlantic	9.3	6.2	8.5	17.5	4.6	7.9	.	0.6	6.9	.
East South Central	6.3	.	.	7.8	.	.	.	.	.	.
West South Central	6.5	5.7	5.6	7.9	.	.	9.7	.	.	.
Mountain	9.6	.	.	18.4	.	.	.	.	.	.
Pacific	7.0	4.9	6.0	8.1	.	12.5	14.7	0.6	1.3	.
Type of Practice										
Solo	5.4	4.8	4.7	8.0	4.5	7.5	.	0.4	1.4	.
Non-solo	9.4	5.7	9.2	14.6	5.2	9.4	16.7	2.5	2.1	5.8
Location										
Nonmetropolitan	7.0	4.8	7.0	8.9	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	7.5	5.4	5.9	13.0	5.3	6.8	10.5	1.2	1.4	7.7
1,000,000 and over	7.2	4.9	7.2	9.4	3.9	9.6	23.7	0.5	2.4	.
Physician Age										
Less than 36 years	8.4	.	9.9	11.4	.	.	.	.	.	.
Less than 40 years	8.2	7.0	7.6	14.6	7.4	7.7	14.1	1.2	3.0	.
36-45 years	8.1	5.9	6.1	14.7	4.4	10.0	17.8	1.8	1.6	.
46-55 years	7.4	6.1	5.8	10.1	4.7	7.6	17.9	0.2	0.8	.
56-65 years	6.1	3.9	5.3	9.0	5.6	6.2	.	0.2	0.5	.
66 or more years	5.7	3.6	12.6	4.7	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

. Indicates fewer than 20 observations.

Table 45 (continued). **Standard Error of the Mean Expenditures (in thousands of dollars) on Medical Equipment per Self-Employed Physician, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	0.41	0.49	0.72	1.03	0.66	1.35	2.79	0.22	0.81	1.96
Census Division										
New England	1.52	.	.	2.77	.	.	.	.	.	.
Middle Atlantic	0.98	.	0.80	2.20	1.32	2.20	.	0.55	0.44	.
East North Central	0.67	1.08	2.11	1.17	.	.	.	.	.	.
West North Central	1.62	1.77	.	4.10	.	.	.	.	.	.
South Atlantic	1.37	1.51	2.71	4.23	1.87	1.36	.	0.37	4.19	.
East South Central	1.09	.	.	1.62	.	.	.	.	.	.
West South Central	0.84	1.07	0.87	2.18	.	.	3.74	.	.	.
Mountain	1.64	.	.	3.52	.	.	.	.	.	.
Pacific	1.00	0.91	1.45	1.44	.	6.96	6.10	0.52	0.60	.
Type of Practice										
Solo	0.40	0.67	0.63	0.93	1.02	1.05	.	0.19	0.54	.
Non-solo	0.71	0.72	1.32	1.92	0.87	2.65	2.82	0.90	1.26	2.22
Location										
Nonmetropolitan	0.89	1.05	1.87	1.69	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	0.62	0.71	0.83	1.90	1.03	0.90	2.72	0.54	0.45	3.48
1,000,000 and over	0.62	0.91	1.14	1.18	0.86	2.65	5.09	0.22	1.54	.
Physician Age										
Less than 36 years	1.29	.	3.58	2.09	.	.	.	.	.	.
Less than 40 years	0.81	1.17	1.53	2.18	1.68	1.50	6.19	0.50	2.03	.
36-45 years	0.77	0.75	0.88	2.45	0.94	3.29	4.86	0.76	0.45	.
46-55 years	0.69	1.28	0.79	1.47	1.20	1.43	3.87	0.10	0.49	.
56-65 years	0.75	0.65	1.24	1.58	2.04	1.11	.	0.13	0.37	.
66 or more years	1.81	1.44	6.76	1.91	.	.	.	.	.	.

Table 46. **Mean Expenditures (in thousands of dollars) on Medical Equipment per Self-Employed Physician, 1982-1992[a]**

	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	5.1	5.9	7.0	6.5	6.9	7.6	7.7	9.0	7.3
Specialty									
General/Family Practice	4.3	4.8	6.9	7.2	6.3	5.8	6.5	7.0	5.1
Internal Medicine	5.8	7.0	5.8	5.1	6.3	7.2	6.8	10.8	6.7
Surgery	7.3	8.4	8.5	9.2	10.6	11.6	12.1	11.2	10.9
Pediatrics	2.4	3.9	4.7	4.1	3.9	6.0	4.8	5.8	4.8
Obstetrics/Gynecology	7.5	7.1	7.2	8.5	7.3	10.6	9.3	9.6	8.3
Radiology	6.1	11.4	27.0	12.1	14.9	12.1	13.2	21.6	16.7
Psychiatry	1.7	1.8	1.6	1.9	1.3	1.6	1.4	1.4	0.7
Anesthesiology	1.7	1.2	1.9	2.1	1.4	1.3	1.0	4.3	1.9
Pathology	4.1	2.9	1.9	1.4	4.2	3.8	7.8	5.0	5.2
Census Division									
New England	4.1	4.9	3.2	5.0	5.7	5.0	6.6	4.6	6.5
Middle Atlantic	3.4	4.5	4.8	5.8	4.4	7.6	6.7	13.1	6.3
East North Central	4.2	5.4	4.9	5.0	6.2	7.3	6.9	5.4	6.4
West North Central	4.9	5.1	10.7	5.4	7.1	7.2	7.7	9.0	7.8
South Atlantic	4.6	5.6	8.9	7.5	7.5	7.9	9.4	9.2	9.3
East South Central	5.4	6.0	8.4	6.3	11.5	8.3	8.5	9.2	6.3
West South Central	7.9	6.9	8.0	6.7	7.1	8.1	5.9	9.0	6.5
Mountain	7.1	11.8	7.2	5.7	5.4	6.4	6.6	6.2	9.6
Pacific	5.1	5.6	7.9	8.5	8.5	8.3	8.8	10.5	7.0
Type of Practice									
Solo	4.8	5.6	5.5	6.0	5.7	6.9	6.9	7.4	5.4
Non-solo	5.4	6.4	9.4	7.1	8.5	8.5	8.7	10.9	9.4
Location									
Nonmetropolitan	4.9	6.3	7.1	6.5	6.3	7.2	7.6	8.0	7.0
Metropolitan—									
Less than 1,000,000	5.0	6.3	7.8	7.6	8.0	7.6	8.3	9.0	7.5
1,000,000 and over	5.2	5.4	6.1	5.4	5.9	7.7	7.1	9.4	7.2
Physician Age[b]									
Less than 36 years	4.1	6.3	7.5	5.0	6.9	7.7	6.2	8.4	8.4
Less than 40 years	5.0	7.2	7.5	6.2	7.6	7.9	8.5	9.1	8.2
36-45 years	6.3	6.8	7.7	7.9	7.5	8.0	8.6	9.2	8.1
46-55 years	5.0	5.5	7.8	6.2	8.6	7.9	9.0	10.5	7.4
56-65 years	4.5	4.9	5.3	6.1	5.0	8.1	5.7	7.4	6.1
66 or more years	2.5	4.8	3.6	3.6	2.9	2.8	3.7	6.7	5.7

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

c. The medical equipment expense question was modified on the 1993 survey. See Appendices C and D for further explanation.

Table 46 (continued). **Standard Error of the Mean Expenditures (in thousands of dollars) on Medical Equipment per Self-Employed Physician, 1982-1992**[a]

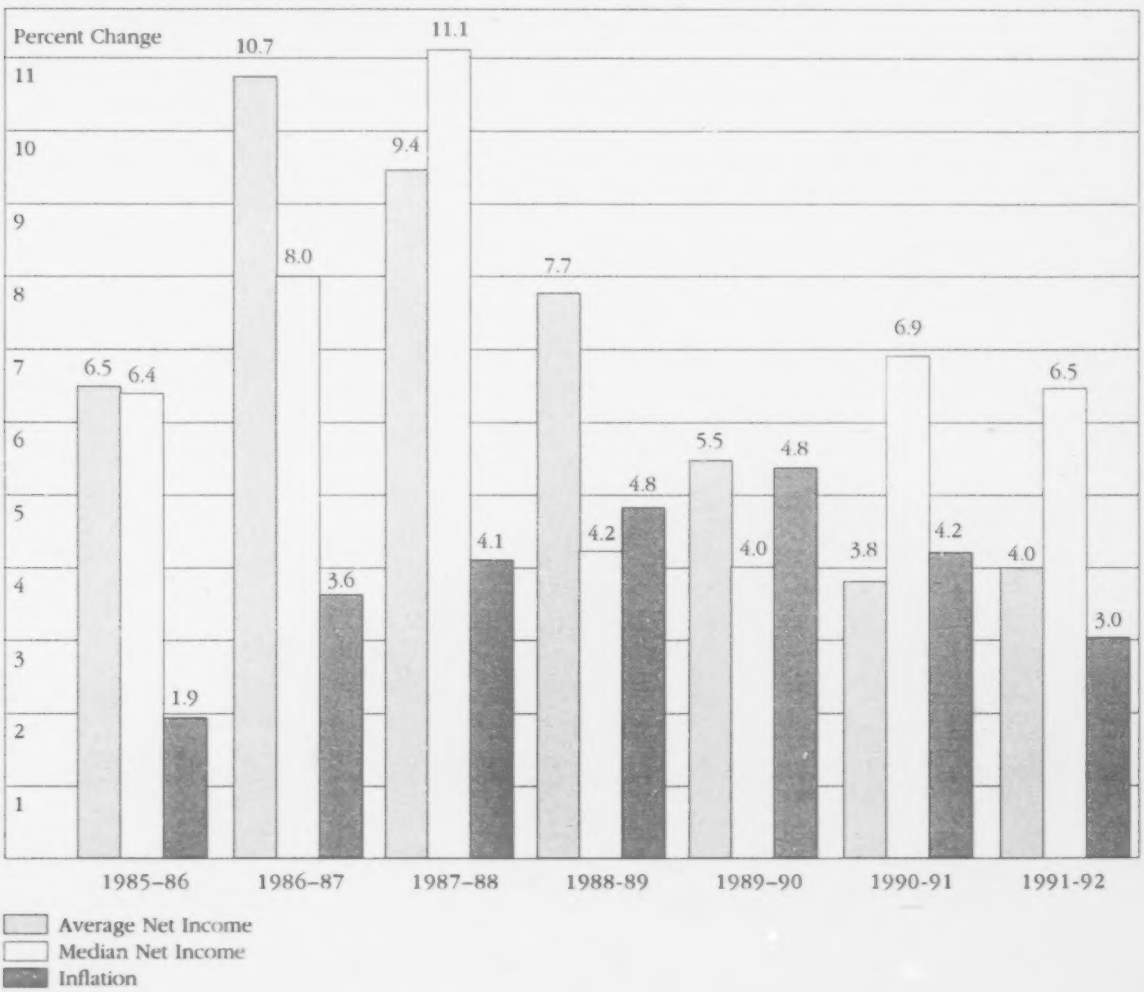
	1982	1985	1986	1987	1988	1989	1990	1991	1992[c]
All Physicians	0.27	0.43	0.42	0.41	0.37	0.35	0.49	0.71	0.41
Specialty									
General/Family Practice	0.33	0.38	0.80	1.69	0.66	0.45	0.65	0.87	0.49
Internal Medicine	1.08	2.30	0.59	0.47	0.65	0.64	0.68	2.60	0.72
Surgery	0.68	0.79	0.67	0.77	0.89	0.83	1.60	0.91	1.03
Pediatrics	0.34	0.41	0.56	0.49	0.45	0.74	0.82	1.24	0.66
Obstetrics/Gynecology	1.32	0.89	1.18	1.09	0.97	2.43	1.42	1.02	1.35
Radiology	1.24	2.58	5.05	3.02	3.83	2.41	3.45	7.11	2.79
Psychiatry	0.22	0.25	0.32	0.35	0.34	0.34	0.40	0.33	0.22
Anesthesiology	0.38	0.36	0.51	0.56	0.37	0.55	0.31	2.91	0.81
Pathology	0.99	0.87	0.62	0.80	2.62	0.91	3.07	1.50	1.96
Census Division									
New England	0.71	2.02	0.48	1.09	1.12	0.82	2.18	0.69	1.52
Middle Atlantic	0.44	0.65	0.50	0.77	0.55	0.88	1.06	3.58	0.98
East North Central	0.42	0.64	0.65	0.53	0.75	0.81	0.88	0.62	0.67
West North Central	0.75	0.75	2.45	0.96	0.98	0.95	1.45	1.70	1.62
South Atlantic	0.68	0.51	1.34	0.85	0.90	0.69	1.77	0.95	1.37
East South Central	0.66	0.75	1.93	0.77	2.22	1.04	1.26	1.49	1.09
West South Central	1.40	0.87	1.04	0.79	1.09	0.99	0.96	1.59	0.84
Mountain	1.37	5.31	1.30	0.95	0.79	0.91	1.13	0.94	1.64
Pacific	0.68	0.54	1.33	2.14	1.44	1.35	1.15	1.70	1.00
Type of Practice									
Solo	0.32	0.64	0.35	0.58	0.40	0.50	0.51	0.49	0.40
Non-solo	0.47	0.51	0.90	0.55	0.67	0.48	0.89	1.37	0.71
Location									
Nonmetropolitan	0.50	0.73	0.84	0.67	0.67	0.64	0.88	1.14	0.89
Metropolitan—									
Less than 1,000,000	0.33	0.53	0.71	0.81	0.65	0.49	0.89	1.28	0.62
1,000,000 and over	0.52	0.81	0.56	0.40	0.49	0.60	0.60	0.85	0.62
Physician Age[b]									
Less than 36 years	0.44	0.64	0.85	0.57	0.76	0.87	0.94	1.15	1.29
Less than 40 years	0.39	1.15	0.88	0.54	0.62	0.58	1.37	1.13	0.81
36-45 years	0.62	0.99	0.84	0.99	0.60	0.58	0.95	0.86	0.77
46-55 years	0.42	0.71	0.87	0.49	1.02	0.59	0.94	2.01	0.69
56-65 years	0.68	0.53	0.69	0.86	0.59	1.11	0.83	0.99	0.75
66 or more years	0.29	1.85	1.21	0.64	0.60	0.57	1.03	1.82	1.81

Physician Net Income after Expenses Before Taxes

Physician net income is defined to include all earnings from medical practice after expenses before taxes, including fringe benefits and contributions into deferred compensation plans. A special effort is made in the Socioeconomic Monitoring System surveys to ensure that deferred compensation is included in the net income that is reported.

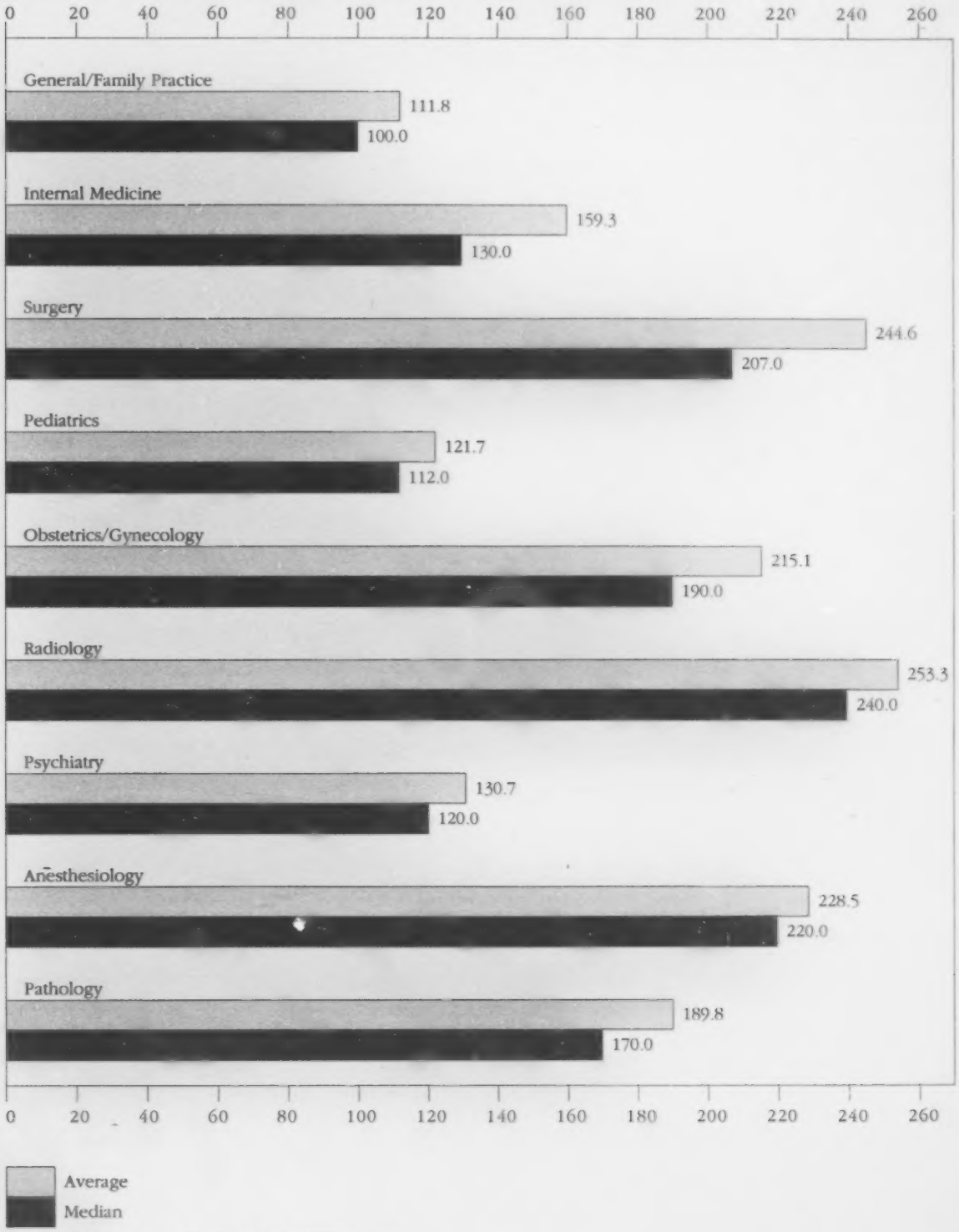
Physician average and median net income increased at a faster rate than inflation in 1992 (see Figure 16). However, mean net income increased at a lower rate than median net income. Although average net income reached $177,400, half of physicians earned less than $148,000. As shown in Figure 17, earnings vary by specialty. The highest earnings were among surgeons; the lowest were among general/family practitioners and pediatricians.

Figure 16. **Percent Change in Average and Median Net Income after Expenses before Taxes for All Physicians, 1985-1992**



Source: AMA Socioeconomic Monitoring System 1985-1993 core surveys.

Figure 17. **Average and Median Physician Net Income (in thousands of dollars) after Expenses before Taxes, by Specialty, 1992**



Source: AMA Socioeconomic Monitoring System 1993 core survey.

Table 47. **Mean Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1992[a]**

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	177.4	111.8	159.3	244.6	121.7	215.1	253.3	130.7	228.5	189.8
Census Division										
New England	169.6	.	132.6	276.5	.	.	.	120.9	.	.
Middle Atlantic	168.6	101.5	152.7	228.3	110.3	215.4	230.3	125.9	229.7	.
East North Central	183.3	99.1	184.2	255.7	122.3	210.5	248.6	148.0	227.7	179.9
West North Central	183.9	124.5	151.1	282.5	.	.	.	.	.	.
South Atlantic	180.3	119.2	168.9	238.6	108.7	243.4	234.0	125.6	236.0	.
East South Central	175.1	106.9	134.7	243.5	.	.	.	.	.	.
West South Central	190.5	127.5	168.6	248.3	146.8	.	287.0	.	198.6	.
Mountain	172.1	110.6	162.3	230.4	.	.	.	.	.	.
Pacific	173.5	108.9	151.3	234.5	126.1	181.1	247.2	118.3	232.0	.
Type of Practice										
Solo	169.9	106.0	151.0	234.7	121.9	208.0	.	142.7	218.9	.
Non-solo	181.0	115.1	163.6	251.4	121.6	219.5	260.0	119.0	231.2	192.4
Location										
Nonmetropolitan	154.7	120.2	149.4	214.9	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	181.6	112.8	161.5	243.4	121.5	224.7	265.5	132.2	232.6	177.8
1,000,000 and over	177.1	106.8	158.8	251.0	121.9	210.6	248.1	131.7	224.8	190.6
Employment Status										
Self-employed	202.3	120.0	180.0	262.6	138.7	236.6	306.8	146.8	249.3	247.2
Non-self-employed[c]	136.4	98.5	124.7	180.6	102.3	155.8	189.5	108.6	194.0	162.6
Employee	136.1	97.8	125.0	185.4	101.8	158.0	185.1	109.7	192.6	160.4
Independent contractor	138.6	101.9	.	.	.	.	.	.	.	.
Physician Age										
Less than 36 years	130.6	91.6	119.4	153.8	96.1	162.7	181.8	117.1	196.6	.
Less than 40 years	160.7	103.9	140.4	224.0	104.1	209.9	232.9	117.2	223.8	179.8
36-45 years	190.7	127.5	162.5	281.3	128.2	249.6	265.3	124.8	253.7	166.5
46-55 years	205.2	132.1	188.4	273.9	143.2	239.3	293.2	141.9	225.4	220.6
56-65 years	177.3	98.0	153.0	232.3	133.1	211.5	240.1	132.0	225.3	206.8
66 or more years	118.3	85.0	141.6	143.6	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 47 (continued). **Standard Error of the Mean Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	2.19	5.13	4.79	5.97	3.71	8.18	7.54	5.05	6.02	8.03
Census Division										
New England	8.57	.	12.66	29.43	.	.	.	9.75	.	.
Middle Atlantic	4.97	9.98	9.81	13.83	9.57	19.63	16.10	8.20	14.52	.
East North Central	5.70	6.58	15.50	15.02	8.87	24.65	14.72	19.94	11.71	22.96
West North Central	7.71	7.19	11.46	25.87	.	.	.	.	.	.
South Atlantic	6.22	27.32	12.64	14.59	8.67	18.41	18.19	11.90	16.69	.
East South Central	8.75	11.35	15.77	20.85	.	.	.	.	.	.
West South Central	6.57	9.09	14.45	20.06	10.54	.	23.08	.	19.49	.
Mountain	8.62	8.19	26.34	19.48	.	.	.	.	.	.
Pacific	5.08	6.56	13.14	14.11	8.74	18.35	15.07	11.45	13.22	.
Type of Practice										
Solo	3.99	5.93	6.67	10.05	7.99	14.51	.	8.00	14.62	.
Non-solo	2.62	7.24	6.38	7.37	4.19	9.85	7.72	6.00	6.55	8.28
Location										
Nonmetropolitan	5.88	6.72	12.82	15.18	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	3.47	11.14	8.77	8.11	5.33	12.95	11.87	8.53	8.57	10.79
1,000,000 and over	3.09	4.32	6.01	9.78	5.37	10.99	9.87	6.55	8.69	12.31
Employment Status										
Self-employed	3.05	8.02	6.46	6.92	5.53	9.77	10.22	7.65	7.47	13.09
Non-self-employed[c]	2.34	3.32	5.23	10.15	4.24	11.73	7.77	4.38	8.91	8.96
Employee	2.56	3.67	5.41	10.82	4.47	12.02	8.69	4.53	9.62	9.83
Independent contractor	5.57	7.95	.	.	.	.	.	.	.	.
Physician Age										
Less than 36 years	4.30	5.06	11.51	13.46	6.54	22.43	15.24	19.19	14.47	.
Less than 40 years	3.69	4.53	7.96	11.45	5.43	16.85	14.86	12.74	10.17	16.35
36-45 years	3.93	13.27	7.81	9.97	7.01	14.02	15.90	9.66	9.37	11.33
46-55 years	4.35	6.71	9.03	11.76	7.83	19.24	10.64	8.30	11.96	17.69
56-65 years	4.54	4.86	10.93	11.79	6.32	12.95	13.95	9.65	12.83	12.54
66 or more years	7.62	10.20	21.72	23.06	.	.	.	.	.	.

Table 48. **Mean Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	97.7	112.2	119.5	132.3	144.7	155.8	164.3	170.6	177.4
Specialty									
General/Family Practice	71.4	77.9	80.3	91.5	94.6	95.9	102.7	111.5	111.8
Internal Medicine	86.9	102.0	109.4	121.8	130.9	146.5	152.5	149.6	159.3
Surgery	128.6	155.0	162.4	187.9	207.5	220.5	236.4	233.8	244.6
Pediatrics	70.5	76.2	81.8	85.3	94.9	104.7	106.5	119.3	121.7
Obstetrics/Gynecology	112.3	124.3	135.9	163.2	180.7	194.3	207.3	221.8	215.1
Radiology	133.3	144.3	168.8	180.7	188.5	210.5	219.4	229.8	253.3
Psychiatry	75.8	87.2	91.5	102.7	111.4	111.7	116.5	127.6	130.7
Anesthesiology	131.9	142.7	150.2	163.1	194.5	185.8	207.4	221.1	228.5
Pathology	106.5	124.8	137.7	124.6	131.0	154.5	172.5	197.7	189.8
Census Division									
New England	80.3	106.0	107.1	110.6	132.9	128.3	142.5	143.8	169.6
Middle Atlantic	89.8	106.6	114.6	126.1	135.0	152.5	156.1	171.0	168.6
East North Central	105.2	119.3	126.6	137.6	147.0	155.6	172.4	174.1	183.3
West North Central	105.7	112.1	120.7	133.9	138.0	159.2	151.4	164.2	183.9
South Atlantic	95.9	111.2	119.6	133.8	156.0	165.6	169.0	168.8	180.3
East South Central	103.8	114.8	122.6	141.2	164.8	173.0	169.0	179.4	175.1
West South Central	118.4	124.6	129.0	140.4	160.7	170.5	178.8	193.3	190.5
Mountain	93.0	95.9	108.5	125.5	132.1	142.6	170.9	155.0	172.1
Pacific	91.0	112.0	119.0	135.4	136.0	148.1	162.5	172.4	173.5
Type of Practice									
Solo	94.0	111.0	115.5	127.8	140.4	153.6	158.7	166.5	169.9
Non-solo	100.5	113.0	122.1	135.0	147.1	156.9	167.0	172.5	181.0
Location									
Nonmetropolitan	86.9	93.3	107.7	117.9	120.9	129.4	130.5	150.4	154.7
Metropolitan—									
Less than 1,000,000	101.5	117.2	124.5	140.4	154.1	164.1	172.7	174.8	181.6
1,000,000 and over	96.7	111.6	117.5	127.9	140.6	153.4	163.3	170.4	177.1
Physician Age[b]									
Less than 36 years	74.7	88.3	95.9	100.2	112.2	119.7	123.6	134.9	130.6
Less than 40 years	87.2	98.1	105.9	117.1	130.9	137.9	148.8	157.2	160.7
36-45 years	109.2	119.1	125.9	141.0	157.5	165.2	173.6	179.1	190.7
46-55 years	113.6	131.2	138.8	152.9	162.0	181.0	191.9	188.7	205.2
56-65 years	95.4	110.0	118.3	128.3	137.2	150.4	160.8	169.4	177.3
66 or more years	59.0	86.4	79.1	93.9	98.8	105.9	100.8	114.1	118.3

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 48 (continued). **Standard Error of the Mean Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	1.22	1.37	1.41	1.88	1.86	2.15	2.15	2.33	2.19
Specialty									
General/Family Practice	1.75	1.95	2.15	2.74	2.25	2.27	2.73	4.66	5.13
Internal Medicine	2.68	3.23	3.02	3.57	3.91	5.13	5.54	4.62	4.79
Surgery	3.92	4.34	4.10	6.21	5.57	6.38	6.74	7.40	5.97
Pediatrics	2.86	2.50	2.38	2.75	3.01	4.10	3.41	3.30	3.71
Obstetrics/Gynecology	4.58	4.30	4.67	10.31	9.56	9.55	8.68	9.64	8.18
Radiology	3.84	4.55	5.23	6.25	6.50	10.17	9.16	8.45	7.54
Psychiatry	2.59	3.06	2.69	3.56	4.37	3.50	3.33	4.31	5.05
Anesthesiology	4.23	5.17	4.30	4.98	7.44	5.88	6.02	6.42	6.02
Pathology	6.28	5.92	5.76	5.70	6.36	8.94	8.95	14.27	8.03
Census Division									
New England	3.39	4.94	4.81	4.23	6.13	5.44	7.11	6.54	8.57
Middle Atlantic	3.13	3.00	3.33	3.84	4.19	4.99	5.22	6.45	4.97
East North Central	3.05	4.05	4.10	6.06	5.05	5.07	5.86	6.75	5.70
West North Central	4.58	6.22	5.02	5.77	6.09	7.01	5.93	6.25	7.71
South Atlantic	2.78	3.33	3.08	3.81	4.40	6.46	5.22	6.03	6.22
East South Central	4.20	5.96	6.63	7.51	9.07	10.12	8.49	10.44	8.75
West South Central	5.23	4.56	4.87	7.65	7.41	6.85	7.91	8.38	6.57
Mountain	4.81	4.02	5.00	6.39	6.75	8.77	11.35	7.43	8.62
Pacific	2.69	3.05	3.50	4.83	4.09	4.87	4.92	4.77	5.08
Type of Practice									
Solo	1.91	2.13	2.26	3.10	3.31	3.86	4.04	4.53	3.99
Non-solo	1.57	1.79	1.81	2.37	2.24	2.58	2.53	2.69	2.62
Location									
Nonmetropolitan	2.81	3.19	4.33	4.13	4.39	5.69	4.41	5.98	5.88
Metropolitan—									
Less than 1,000,000	1.79	2.18	2.11	3.37	2.91	3.44	3.52	3.57	3.47
1,000,000 and over	1.93	2.01	2.11	2.35	2.73	3.03	3.05	3.45	3.09
Physician Age[b]									
Less than 36 years	2.04	2.46	2.70	2.60	3.17	3.86	3.46	5.66	4.30
Less than 40 years	1.95	1.96	2.05	2.46	3.13	3.27	3.56	4.17	3.69
36-45 years	2.59	2.22	2.38	3.47	3.63	3.60	3.70	4.14	3.93
46-55 years	2.39	3.27	3.37	4.77	3.71	4.58	4.90	4.52	4.35
56-65 years	2.45	3.16	3.22	3.73	4.07	5.07	5.19	5.00	4.54
66 or more years	2.81	6.68	3.45	4.58	4.88	10.24	5.03	6.84	7.62

Table 49. **Twenty-fifth Percentile Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	100	73	94	139	80	120	160	89	166	112
Census Division										
New England	95	.	85	174	.	.	.	90	.	.
Middle Atlantic	92	67	90	150	75	106	160	89	185	.
East North Central	98	72	101	135	80	108	160	80	200	126
West North Central	105	90	101	160	.	.	.	.	.	.
South Atlantic	100	55	100	140	75	120	160	89	168	.
East South Central	98	68	86	120	.	.	.	.	.	.
West South Central	110	82	91	140	112	.	152	.	140	.
Mountain	93	85	90	116	.	.	.	.	.	.
Pacific	96	70	86	130	90	110	175	86	171	.
Type of Practice										
Solo	90	60	90	124	80	100	.	92	150	.
Non-solo	100	80	95	150	80	128	175	85	168	112
Location										
Nonmetropolitan	96	84	94	120	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	100	72	92	140	88	119	175	89	185	100
1,000,000 and over	100	71	95	140	80	120	160	88	150	124
Employment Status										
Self-employed	110	75	100	150	98	137	225	95	198	166
Non-self-employed[c]	88	72	86	100	72	100	135	80	150	104
Employee	87	70	86	107	71	105	135	85	150	105
Independent contractor	90	75	.	.	.	.	.	.	.	.
Physician Age										
Less than 36 years	75	68	71	74	59	90	100	60	140	.
Less than 40 years	88	73	80	110	65	110	146	70	154	100
36-45 years	106	80	95	171	90	156	175	87	194	112
46-55 years	117	90	110	170	92	154	210	100	160	109
56-65 years	100	68	96	130	100	120	175	90	160	140
66 or more years	70	42	81	81	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

. Indicates fewer than 20 observations.

Table 50. **Median Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1992**[a]

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	148	100	130	207	112	190	240	120	220	170
Census Division										
New England	140	.	118	210	.	.	.	120	.	.
Middle Atlantic	140	90	130	200	92	200	206	115	234	.
East North Central	149	96	140	220	117	180	240	120	230	130
West North Central	154	117	123	210	.	.	.	.	.	.
South Atlantic	145	100	150	194	100	225	220	113	210	.
East South Central	140	100	116	222	.	.	.	.	.	.
West South Central	160	130	132	200	138	.	260	.	220	.
Mountain	128	100	117	205	.	.	.	.	.	.
Pacific	150	101	130	210	110	150	240	100	240	.
Type of Practice										
Solo	140	100	130	190	118	192	.	122	203	.
Non-solo	150	100	130	216	110	190	240	110	230	170
Location										
Nonmetropolitan	130	111	133	200	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	150	100	130	210	110	192	240	120	220	151
1,000,000 and over	147	100	130	200	112	200	240	115	230	166
Employment Status										
Self-employed	170	110	150	225	130	223	296	125	246	240
Non-self-employed[c]	120	92	110	167	96	130	180	105	190	140
Employee	120	92	110	175	96	140	170	105	190	126
Independent contractor	120	99	.	.	.	.	.	.	.	.
Physician Age										
Less than 36 years	101	85	100	120	90	120	170	100	200	.
Less than 40 years	125	95	110	180	96	161	215	100	230	160
36-45 years	155	114	135	250	115	225	230	111	250	150
46-55 years	180	120	160	230	120	232	270	129	210	190
56-65 years	150	98	130	200	126	180	220	120	210	196
66 or more years	100	76	125	111	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 51. **Seventy-fifth Percentile Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1992[a]**

	All Physicians[b]	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	223	134	200	300	154	287	310	150	280	240
Census Division										
New England	200	.	149	340	.	.	.	135	.	.
Middle Atlantic	212	126	185	270	140	280	285	158	270	.
East North Central	236	118	225	330	172	300	300	176	277	240
West North Central	217	162	180	346	.	.	.	.	.	.
South Atlantic	225	125	210	279	128	350	300	135	273	.
East South Central	222	130	162	324	.	.	.	.	.	.
West South Central	250	160	220	320	180	.	366	.	280	.
Mountain	228	136	184	290	.	.	.	.	.	.
Pacific	230	145	189	300	170	250	300	146	280	.
Type of Practice										
Solo	210	140	200	294	170	275	.	186	250	.
Non-solo	229	130	190	320	150	300	314	135	290	250
Location										
Nonmetropolitan	200	158	200	260	.	.	.	.	.	.
Metropolitan—										
Less than 1,000,000	225	125	196	300	154	310	320	150	296	240
1,000,000 and over	225	137	200	312	150	270	300	154	272	220
Employment Status										
Self-employed	260	147	220	330	175	310	360	180	300	306
Non-self-employed[c]	169	120	150	230	120	200	232	130	250	200
Employee	165	117	150	235	123	200	234	130	250	194
Independent contractor	180	123	.	.	.	.	.	.	.	.
Physician Age										
Less than 36 years	166	117	120	200	126	200	238	120	260	.
Less than 40 years	200	125	175	289	130	290	300	125	290	220
36-45 years	240	150	193	354	160	300	316	140	320	210
46-55 years	250	165	230	320	180	310	350	170	260	310
56-65 years	223	120	180	300	154	270	280	150	277	260
66 or more years	140	120	145	180	.	.	.	.	.	.

Source: 1993 AMA Socioeconomic Monitoring System core survey. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. All data are weighted to adjust for nonresponse bias. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Includes physicians in specialties not listed separately.

c. Equivalent to the employee category published in previous editions. See Appendix D for further explanation of employment status breakouts.

· Indicates fewer than 20 observations.

Table 52. **Twenty-fifth Percentile Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	55	65	70	74	80	85	90	95	100
Specialty									
General/Family Practice	45	50	53	58	60	63	65	74	73
Internal Medicine	50	62	67	70	77	80	82	90	94
Surgery	71	87	95	102	117	120	135	133	139
Pediatrics	43	50	55	55	60	63	70	80	80
Obstetrics/Gynecology	66	80	89	100	100	110	125	124	120
Radiology	80	89	120	110	117	120	130	150	160
Psychiatry	52	55	65	73	74	80	80	88	89
Anesthesiology	90	99	110	115	126	120	150	157	166
Pathology	64	78	85	80	85	92	107	110	112
Census Division									
New England	48	62	70	70	80	80	90	90	95
Middle Atlantic	50	63	68	70	76	88	88	95	92
East North Central	60	65	74	73	80	80	93	90	98
West North Central	60	59	75	78	78	87	90	100	105
South Atlantic	55	62	68	75	87	84	90	90	100
East South Central	60	65	65	75	85	88	92	98	98
West South Central	62	70	71	75	82	90	90	100	110
Mountain	52	60	60	70	70	80	85	97	93
Pacific	53	70	70	78	80	85	90	93	96
Type of Practice									
Solo	51	60	65	71	74	79	80	89	90
Non-solo	58	65	71	75	82	90	92	98	100
Location									
Nonmetropolitan	54	60	66	70	70	75	80	90	96
Metropolitan—									
Less than 1,000,000	58	68	71	75	84	87	92	95	100
1,000,000 and over	54	63	70	74	79	86	90	95	100
Physician Age[b]									
Less than 36 years	45	50	58	58	62	65	69	76	75
Less than 40 years	50	58	64	67	72	76	80	88	88
36-45 years	60	71	78	80	88	93	97	100	106
46-55 years	72	80	81	89	91	100	107	109	117
56-65 years	56	63	67	76	80	80	90	99	100
66 or more years	30	40	46	52	51	50	52	63	70

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 53. **Median Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	82	94	100	108	120	125	130	139	148
Specialty									
General/Family Practice	63	70	75	80	85	90	93	98	100
Internal Medicine	75	90	95	100	109	120	120	125	130
Surgery	110	129	141	153	180	180	200	200	207
Pediatrics	62	70	75	77	85	93	100	105	112
Obstetrics/Gynecology	107	120	127	145	150	164	184	200	190
Radiology	120	135	155	170	161	180	200	223	240
Psychiatry	68	80	82	90	97	100	107	110	120
Anesthesiology	120	133	149	150	180	180	200	210	220
Pathology	89	115	120	100	130	148	150	153	170
Census Division									
New England	71	94	92	98	110	117	120	124	140
Middle Atlantic	75	90	95	100	110	125	125	136	140
East North Central	90	100	101	105	119	122	140	133	149
West North Central	90	85	105	114	120	126	130	141	154
South Atlantic	80	94	100	115	127	128	133	130	145
East South Central	90	92	100	111	132	127	140	150	140
West South Central	100	100	106	110	130	140	150	150	160
Mountain	81	85	90	110	110	120	135	137	128
Pacific	80	97	100	110	115	124	135	150	150
Type of Practice									
Solo	79	94	98	108	116	120	125	130	140
Non-solo	85	95	100	107	120	126	135	140	150
Location									
Nonmetropolitan	76	84	90	100	100	107	115	122	130
Metropolitan—									
Less than 1,000,000	87	100	104	110	125	130	140	142	150
1,000,000 and over	80	93	98	105	115	125	130	137	147
Physician Age[b]									
Less than 36 years	62	75	80	82	90	100	100	110	101
Less than 40 years	72	84	90	95	102	110	115	125	125
36-45 years	92	100	105	114	125	130	139	145	155
46-55 years	100	110	118	130	135	150	158	160	180
56-65 years	80	90	100	108	115	125	138	140	150
66 or more years	50	69	70	79	80	82	90	95	100

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Table 54. **Seventy-fifth Percentile Physician Net Income (in thousands of dollars) after Expenses before Taxes, 1982-1992**[a]

	1982	1985	1986	1987	1988	1989	1990	1991	1992
All Physicians	121	140	150	163	180	195	200	210	223
Specialty									
General/Family Practice	90	95	100	110	114	115	125	128	134
Internal Medicine	110	123	130	146	156	175	180	177	200
Surgery	151	196	200	230	260	279	300	287	300
Pediatrics	90	92	100	110	120	134	130	145	154
Obstetrics/Gynecology	144	159	170	195	230	238	260	300	287
Radiology	172	195	210	225	231	250	275	300	310
Psychiatry	89	105	106	116	130	136	138	159	150
Anesthesiology	168	170	195	200	250	230	250	275	280
Pathology	135	150	170	175	153	200	225	230	240
Census Division									
New England	100	132	130	140	155	160	170	180	200
Middle Atlantic	115	135	140	150	160	180	200	210	212
East North Central	132	150	150	160	180	190	200	208	236
West North Central	131	139	142	162	166	203	193	200	217
South Atlantic	121	135	150	170	200	205	208	200	225
East South Central	135	140	146	180	213	205	230	230	222
West South Central	150	160	160	175	210	225	230	250	250
Mountain	117	124	140	162	175	175	210	200	228
Pacific	113	132	150	170	168	180	200	220	230
Type of Practice									
Solo	120	142	145	153	180	185	200	205	210
Non-solo	125	139	150	170	180	197	208	211	229
Location									
Nonmetropolitan	107	120	129	146	150	150	165	184	200
Metropolitan—									
Less than 1,000,000	130	150	159	175	200	200	215	217	225
1,000,000 and over	120	137	145	156	175	190	200	210	225
Physician Age[b]									
Less than 36 years	95	105	120	120	130	148	158	157	166
Less than 40 years	109	120	130	139	157	162	185	191	200
36-45 years	136	150	151	175	195	200	210	220	240
46-55 years	144	155	175	190	200	220	230	240	250
56-65 years	117	138	150	159	170	180	190	205	223
66 or more years	75	100	96	116	130	130	125	140	140

Source: 1983-1993, AMA Socioeconomic Monitoring System core surveys. The population from which samples are drawn includes only active nonfederal patient care physicians, excluding residents.

a. Data, other than in the specialty breakdown, are based on responses from physicians in all specialties. All data are weighted to adjust for nonresponse bias. This will cause figures to differ from those reported in previous editions of this volume. See Appendix B for information on weighting and computation procedures. See Appendix D for information on definitions.

b. Age breakouts for years prior to 1991 have been recalculated and may differ from those published in the 1993 and previous editions of this volume.

Appendices

The Design and Methodology of the AMA Socioeconomic Monitoring System
Weighting and Computation Methodology
SMS Questionnaire Summary
Definitions of Variables

Appendix A
The Design and Methodology of the AMA Socioeconomic Monitoring System

The Socioeconomic Monitoring System (SMS) was developed in 1981 in response to the need for more timely and frequent socioeconomic information on the practice of medicine than had been available in the past. The eleventh full program year for SMS was completed in 1993.

The annual core survey of the Socioeconomic Monitoring System (SMS) covers a broad range of economic and practice characteristics. The average core survey interview lasts 25 minutes and obtains data from approximately 4,000 physicians. The survey is generally fielded from March through July. The timing of the beginning of the core survey is designed to coincide with the income tax return filing deadline in order to improve reliability of information that can be obtained on physician earnings and practice expenses for the previous year.

Data reported from this volume are from the 1982-1993 SMS core surveys. For the most part the SMS survey questions remained the same over the 1982-1993 period. Any year-to-year differences in the survey questions used to derive the data presented in this volume are reported in Appendix D.

Sample Design

The SMS surveys are designed to provide representative information on the population of all nonfederal physicians who spend the greatest proportion of their time in patient care activities. This includes both office and hospital-based physicians, but excludes residents. Samples for SMS surveys are selected from the AMA Physician Masterfile. The Masterfile contains current and historical information on every doctor of medicine in the United States, including both members and nonmembers of the AMA. Graduates of United States medical schools who are temporarily practicing overseas, and graduates of foreign medical schools who live in the United States are also included on the file.

Data included on the Masterfile are obtained from primary sources, including many organizations and institutions. The only information obtained directly from individual physicians concerns current professional activities and preferred mailing addresses. These data are obtained on a quadrennial basis from the entire United States physician population and on a monthly basis from those physicians with changes in address or professional status. These changes may be signaled by input from professional organizations, AMA mailings, or by physician correspondence.

The physician phone numbers are obtained from the record of Physicians' Professional activities (PPA), a mail questionnaire survey which has been sent every four years since 1969 to all physicians residing in the United States as well as the U.S. physicians residing temporarily overseas.

In addition to limiting the sample to nonfederal patient care physicians who have completed their residency programs and are practicing in the United States, the following exclusions are made:

- doctors of osteopathy;
- graduates of foreign medical schools who are only temporarily licensed to practice in the United States;
- inactive physicians;
- physicians who were sampled in SMS surveys during the last five years (except for the reinterview portion of the sample);
- physicians listed as 'do not contact' on the Masterfile;

- physicians not practicing in the U.S.; and
- physicians who have no license.

Further exclusions are made after sample selection. These include:

- physicians who spend fewer than 20 hours per week in patient care activities or are federal physicians as determined from screening questions at the beginning of each interview; and
- those who cannot be located by mail or telephone after exhaustive tracking efforts are made.

The sample design utilized for SMS is a random sampling from the listing of eligible physicians on the AMA Physician Masterfile. Once the sample is selected, it is compared to the eligible population on the basis of nine major specialty groupings and ten geographical regions. The specialty and region definitions are shown in table 1. These comparisons are reviewed to ensure that the sample accurately reflects the eligible population. The sample is then divided into 12 replicates of 500 each.

In order to provide reliable estimates of short-term changes in certain indicators, SMS samples include a panel component. The panel consists of a portion of the sample interviewed in a previous SMS survey. Approximately 35 percent of the completed interviews are conducted as reinterviews with physicians who had been initially interviewed in a similar survey in the previous year. The SMS program uses annual reinterviews of this type in order to monitor annual changes in various characteristics.

Questionnaire Content

The SMS questionnaire consists of three distinct sections:

- screening questions to verify the physician's self-designated practice specialty and eligibility for the survey;
- a main questionnaire to collect information on practice characteristics, hours worked, volume of services, fees for selected procedures, income and expenses; and
- special topics questions to provide information on key socioeconomic issues.

Questions for the main questionnaire were developed from a review of past surveys and through consultation with physicians, sources within the AMA and Mathematica Policy Research, Inc., an independent consulting firm that assisted in the development of the SMS program. The screening and main questionnaire portions of the survey remain basically unchanged from year to year in order to provide the basis for estimating levels and changes in economic characteristics of medical practice. However, modifications are made where it is deemed that the desired information would be more accurate if questions were changed. In addition, questions in the SMS surveys are designed so that physicians are asked only questions that are generally relevant to their specialty.

Special topics questions are formulated and reviewed by members of AMA staff representing a broad range of activity areas. All questions that have not been previously used in SMS surveys are pretested prior to the survey fielding to evaluate the wording and ordering of questions and to determine the ability of respondents to provide the desired information.

A summary of the questionnaire used in the SMS surveys upon which this volume is based is included in Appendix C.

Field Procedures

The SMS data collection plan is designed to provide reliable information within a tight time schedule. The survey is completed primarily by telephone. Telephone administration significantly reduces the time required to produce survey results and increases the response rate. The 1993 survey was administered by RAND of Santa Monica, California, an independent consulting firm, under contract to the AMA.

Field procedures developed for SMS surveys reflect a complex effort to minimize bias from nonresponse and accommodate the busy schedules of physicians through careful advance preparation and intensive follow-up efforts to complete interviews. Two weeks prior to data collection, advance letters are sent to each physician selected to be interviewed or reinterviewed. Each letter includes a brief description of the interview, the project sponsorship, identification of the survey contractor, information that the physician will be receiving a telephone call from an interviewer on the contractor's staff, and a pledge of data confidentiality.

Table A1. **SMS Survey Sample Strata**

Specialty Strata

1. General Practice, Family Practice
2. Allergy, Cardiovascular Diseases, Gastroenterology, Internal Medicine, Pulmonary Diseases
3. General Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urology
4. Pediatrics, Pediatric Allergy, Pediatric Cardiology
5. Obstetrics and Gynecology
6. Radiology, Diagnostic Radiology, Therapeutic Radiology
7. Psychiatry, Child Psychiatry
8. Anesthesiology
9. Aerospace Medicine, Neurology, Occupational Medicine, Physical Medicine and Rehabilitation, General Preventive Medicine, Public Health, Dermatology, Pathology, Forensic Pathology, Other Specialty, Unspecified

State Strata[a]

1. Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
2. New York
3. Delaware, New Jersey, Pennsylvania, West Virginia
4. District of Columbia, Georgia, Maryland, North Carolina, South Carolina, Virginia
5. Alabama, Florida, Kentucky, Mississippi, Tennessee
6. Arkansas, Louisiana, Missouri, Oklahoma, Texas
7. Indiana, Michigan, Ohio
8. Illinois, Iowa, Minnesota, Wisconsin
9. Alaska, Arizona, Colorado, Hawaii, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Oregon, Utah, Wyoming, Washington
10. California

[a]The AMA Physician Masterfile classification of self-designated practice specialties is used in the specialty strata listing.

In 1993, a question and answer brochure describing the survey was included with the advance letter.

When the SMS program was initiated, many physicians indicated that they could not provide certain types of information during a telephone interview without advance preparation. As a result, summaries were designed to provide the physician with a listing of the expense questions. These summaries are enclosed with each advance letter.

Since inadequate coverage is a potential problem for telephone surveys, the survey contractor expends considerable effort to locate sample physicians. The basic sources used in the telephone look-up include directory assistance, state and county medical societies, state licensing boards, and hospitals.

Two days of study-specific training in addition to general training are provided to each interviewer before working on SMS surveys. Training includes a detailed review of each question (including instruction on pronunciation of various medical terms), practice interviews, and a review of interviewing and administrative procedures. AMA staff actively participate in the training process to assure that all project specifications and instructions are clearly communicated, understood, and implemented.

Interviewing is conducted via computer-assisted telephone interviewing (CATI) process. Responses to the questions are entered directly into the computer using this on-line system during the actual interview, eliminating any keypunching or separate data entry task. This reduces time schedules and maximizes quality by minimizing sources of error. In addition, this system has provided the ability to program range checks whereby a figure that is entered which exceeds the usual range, automatically instructs CATI to prompt the interviewer to verify the response. This has helped reduce the number of invalid outlying responses.

A minimum of 60 percent response rate is required in order to regard an SMS survey as complete. Vigorous efforts are made to achieve the cooperation of physicians and meet this standard because of the short field period of SMS surveys. These efforts include the following:

- Appointments for interviews are scheduled at the convenience of physicians at any time 14 hours a day from Monday through Friday and 5 hours on Saturday.
- A toll-free number allows physicians to complete the interview at their convenience.
- Repeated callbacks (a minimum of four) to nonrespondents are made before abandoning efforts to interview the physician.
- Letters encouraging participation and addressing specific objectives are sent to physicians who initially refuse to be interviewed.

- Refusal conversion attempts are made by a select group of interviewers. A substantial number of physicians decide to grant an interview at this stage.

Each interviewer's work is monitored by the contractor's supervisory staff for both production and quality. AMA staff also monitor interviews by remote telephone hook-up to ensure that a high level of quality is maintained throughout the survey.

Appendix B
Weighting and Computation Methodology[1]

The AMA's Socioeconomic Monitoring System (SMS) is designed to measure key indicators of the changing medical practice environment in a cost-effective fashion. Cost-effectiveness demands that only a limited percentage of the physician population be contacted each year. Specifically, SMS is based on a random sample drawn from the AMA Physician Masterfile's enumeration of all nonfederal patient care physicians, excluding resident physicians. As such, SMS shares with all sample surveys the limitations that grow out of finite sample size. Thus, SMS is designed to produce reliable estimates for the ten specialty groups and nine census divisions defined in Appendix D of this volume, but is less well suited to provide estimates of the practice environment for more detailed subspecialty or geographic breakdowns. The program is designed to provide estimates of both the yearly level of each indicator as well as measures of change over time.

By design, SMS should measure the changing environment accurately but with some margin for error. There are some sources of imprecision that occur in survey work that can increase the margin for error and introduce bias into the estimates. Variations in response rates across known subpopulations can significantly reduce the ability of a sample survey to describe accurately the changing experience of the population of interest. For example, high response rates from AMA members and low response rates for nonmembers could reduce SMS's ability to represent the experience of the average physician if the experiences of these groups differ.

Even with relatively high response rates, variations in the rates may be sufficient to cause problems in reliably reporting the experiences of physicians.

This appendix discusses the record of the SMS program in achieving representative samples, describes the standard statistical technique used to correct for this type of problem, and indicates the computation formulas for statistics reported in this volume.

Since its inception in late 1981, the SMS program has been continuously scrutinized and improved as our experience with this telephone survey program has increased. In 1986, a review of the problems of unit nonresponse and item nonresponse for key variables collected by SMS was undertaken.

Unit nonresponse occurs when no information at all is collected from a sampled physician because the physician is unlocatable, cannot be contacted, or refuses to be interviewed. Item nonresponse occurs when a physician agrees to be interviewed but chooses not to answer a specific item within the survey. Weighting, imputation, and regression techniques were applied to SMS data and results were compared. There are no clear criteria that permit one to choose the statistical correction most likely to represent the true population value for any indicator. In the case of the SMS variables analyzed, the results for weighting, imputation, and regression corrections for nonresponse were closer to each other than to the unweighted data traditionally reported in the *Socioeconomic Characteristics of Medical Practice*. The results suggested that the weights be based on a limited number of physician characteristics known from Masterfile data and should correct for unit nonresponse.

The results reported in this volume were obtained using a weighting scheme developed for each of the SMS core surveys. The weights were derived by

1. This appendix is an update of an appendix, prepared by Sara L. Thran and William D. Marder, which appeared in the 1988 edition of *Socioeconomic Characteristics of Medical Practice*.

Table 1. **Response Rates for SMS Survey by Demographic and Practice Characteristics, 1993**

	Response Rate		Sample Size	
	Initial	Reinterview	Initial	Reinterview
All Sampled Eligible Physicians	62.0%	70.6%	4,399	1,969
Years since M.D.				
0-9	63.7[a]	69.0[a]	1,488	574
10-19	58.8	69.9	1,339	642
20-29	61.0	69.7	983	462
30-39	65.6	73.7	451	251
40 or more	67.3	94.9	101	39
Specialty				
General/Family Practice	57.3[a]	64.2[a]	564	260
Internal Medicine	56.5	63.3	972	441
Surgery	60.3	69.1	1,007	398
Pediatrics	64.5	76.5	321	162
Obstetrics/Gynecology	64.3	65.7	305	140
Radiology	72.2	82.4	245	131
Psychiatry	60.8	80.5	255	128
Anesthesiology	66.4	71.1	247	97
Pathology	90.9	90.7	110	54
Other	66.5	78.5	373	158
Board Certified				
Yes	62.7	71.7	3,423	1,527
No	59.3	66.7	976	442
AMA Membership				
Member	66.8[a]	72.9	2,075	1,069
Nonmember	57.7	67.9	2,324	900

a. Within-category differences for the initial sample statistically significant at the p=.001 level.

first dividing the AMA Physician Masterfile population (using the year-end file from the previous year) and the survey respondents into 200 cells defined by specialty (ten categories), years since M.D. (five categories), AMA membership status (two categories), and board certification status (two categories). Unit response weights were constructed as the ratio of the proportion of physicians in the population to the proportion of SMS respondents in each cell. Second, an eligibility correction was employed. Nonfederal patient care physicians (excluding residents) are eligible for SMS. The eligibility correction divides the subset of the SMS population for which eligibility is known into 40 cells (according to years in practice, AMA membership, sex, and board certification) and calculates the proportion of physicians in each cell who are eligible. This defines the eligibility weight. The overall weight applied for a given respondent is the product of a unit response weight and an eligibility weight.

Table 1 contains information from the 1993 core survey that suggests the need for weighting. Each SMS survey has two components, an initial sample, and an annual reinterview component. Table 1 shows the response rates and sample sizes for these two groups of respondents. The reinterview

Table 2. **Mean Weights for Socioeconomic Monitoring System 1993 Core Survey**

	All Physicians	Specialty								
		GP/FP	Int Med	Surg	Ped	Ob/Gyn	Rad	Psych	Anes	Path
All Physicians	1.00	1.07	1.20	0.91	0.99	0.95	0.77	1.16	0.93	0.64
Census Division										
New England	1.06	1.13	1.30	0.94	1.00	0.88	0.81	1.24	0.92	0.62
Middle Atlantic	1.05	1.09	1.24	0.95	0.95	0.92	0.81	1.25	0.95	0.63
East North Central	0.94	1.02	1.11	0.84	0.84	0.95	0.72	0.97	0.97	0.72
West North Central	0.99	0.98	1.21	0.97	0.94	0.96	0.74	1.33	0.91	0.51
South Atlantic	1.02	1.17	1.23	0.91	1.04	0.91	0.81	1.14	0.89	0.62
East South Central	0.91	1.00	1.13	0.87	1.01	0.87	0.72	0.97	0.89	0.52
West South Central	0.98	1.06	1.13	0.92	1.06	0.91	0.80	0.97	0.95	0.75
Mountain	0.99	1.09	1.15	0.92	1.05	1.05	0.73	1.18	0.77	0.67
Pacific	1.02	1.10	1.21	0.91	1.05	1.08	0.74	1.17	0.95	0.59
Type of Practice										
Solo	1.06	1.09	1.21	0.97	1.00	0.98	0.95	1.21	0.95	0.58
Non-solo	0.97	1.06	1.19	0.87	0.99	0.93	0.76	1.11	0.92	0.64
Location										
Nonmetropolitan	1.00	1.05	1.06	0.97	1.04	0.86	0.78	1.22	0.96	0.49
Metropolitan—										
Less than 1,000,000	0.98	1.07	1.19	0.89	0.96	0.93	0.76	1.21	0.91	0.61
1,000,000 and over	1.02	1.09	1.22	0.92	1.01	0.98	0.77	1.12	0.94	0.68
Employment Status										
Self-employed	0.98	1.08	1.14	0.91	1.00	0.94	0.73	1.17	0.92	0.54
Non-self-employed	1.03	1.07	1.33	0.91	0.98	0.99	0.82	1.14	0.94	0.70
Employee	1.03	1.06	1.33	0.92	0.98	0.99	0.81	1.14	0.90	0.72
Independent contractor	1.01	1.11	1.30	0.86	1.00	0.99	0.89	1.09	1.19	0.62
Physician Age										
Less than 36 years	1.08	1.07	1.52	0.92	1.06	1.07	0.84	0.93	1.06	0.78
Less than 40 years	1.04	1.08	1.38	0.89	1.05	1.03	0.85	1.09	0.95	0.61
36-45 years	1.01	1.09	1.26	0.89	1.03	0.98	0.80	1.19	0.87	0.64
46-55 years	0.93	1.00	1.07	0.87	0.96	1.02	0.63	1.11	0.92	0.58
56-65 years	0.91	0.95	1.00	0.88	0.91	0.76	0.82	1.04	0.98	0.58
66 or more years	1.35	1.35	1.33	1.30	0.92	1.13	1.45	1.62	1.29	1.74

component has a much higher response rate and smaller variations among relevant subpopulations than the initial sample. The overall survey response rate was 64.6%.

The initial sample response rate of 63.0% compares favorably with the Health Care Financing Administration's (HCFA) Physician Practice Cost and Income Survey of 1984-1985. The HCFA survey achieved an overall response rate of 68%, with a much longer field period and much larger budget. Of greater concern are the statistically significant variations in response rates in Table 1. These subpopulations represent the dimensions that were found to be historically the most troublesome in the program. The two areas of greatest concern are the variations by specialty and membership status. Lower response rates in internal medicine and sur-

gery may reflect the "busyness" of physicians in these fields and may introduce downward biases into estimates of hours worked, patient visits, and physician's incomes. Similarly, AMA membership status may be correlated with variables of interest. Efforts have been mounted to limit these variations in response rates. Nonetheless, significant differences remain; statistical techniques have been applied to the data to adjust the estimates.

Table 2 reports the mean values for the weights described above. The subpopulations reported in Table 2 correspond to the most detailed breakdowns reported in this volume. Within these cells, the average value for the weighting variable is highest for pathologists over age 66. The lowest value for the weighting variable is for pathologists in nonmetropolitan areas.

The formula for a weighted mean $\overline{X}_w$ using the value of a weight variable w_i is:

$$\overline{X}_w = \frac{\Sigma_i w_i X_i}{n}$$

where X_i is the variable value for observation i, and n is the number of observations. It is assumed that the weights are normalized to sum to the number of observations.

The formula for a weighted standard error of the mean is:

$$\sigma \overline{X}_w = \sqrt{\frac{\Sigma_i w_i (X_i - \overline{X}_w)^2}{n(n-1)}}$$

Appendix C
Socioeconomic Monitoring System Questionnaire Summary

This summary contains questions from the 1993 Socioeconomic Monitoring System (SMS) survey. Since the questionnaire is quite lengthy, some questions have been omitted from the summary, while others have been paraphrased. However, parts of questions that are paraphrased have been enclosed with square brackets. All questions relating to the statistics published in *Socioeconomic Characteristics of Medical Practice 1994* are included in this summary. All questions are from the 1993 SMS survey unless otherwise noted.

Screener Questions

1. [The American Medical Association Physician Masterfile indicates that (name physician's specialty)] is the specialty from which you derive most of your medical income. Is that correct?

   (IF "YES," GO TO QUESTION 2)

   a. What is your primary specialty?

2. During a typical week, do you provide direct patient care for 20 hours a week or more? Direct patient care includes seeing patients and performing surgery, as well as related patient services performed by anesthesiologists, radiologists, and pathologists.

3. Are you currently a full-time, salaried employee of a federal agency such as the U.S. Public Health Service, Veterans Administration, or a military service?

Practice Characteristics

4. Are you a full or part owner of your main practice, an employee of the practice, or an independent contractor?

5. Including yourself, how many physicians are in your main practice?

   a. How many physicians are full or part owners of the practice.

6. In what year did you begin medical practice after completing your undergraduate and graduate medical training?

7. In what year did you start working at your current main medical practice?

Hours and Utilization of Physician Services per Week

The next few questions are about the number of hours you spent working at several medical and administrative activities during your most recent complete week of practice. Do not include hours spent on call if you were not actually working.

All specialties except psychiatry, radiology, anesthesiology, and pathology

8. During your [last] complete week of practice, how many hours did you spend:

   a. In the office or in freestanding primary or urgent care centers seeing patients? (Include time spent in all offices if the practice includes multiple offices.)

   b. In the hospital emergency room and in outpatient clinics?

   c. In the operating, labor, or delivery room? Please include waiting time before surgery.

   d. Making hospital rounds, including visits to newborn infants? (Do not include hours

spent on call if you were not actually working.)

e. On house calls and with patients in nursing homes, convalescent homes, or other extended care facilities?

f. Having telephone conversations with patients or their families, consulting with other physicians, and providing other services to patients such as interpreting lab tests and x-rays?

g. In administrative activities connected with your practice and other medical facilities, as well as any other professional activities that did not involve patient care?

9. During the [number] of hours you spent in the office or in freestanding or urgent care centers [in your last complete week of practice]:

How many patient visits did you personally have? Please count as one visit every time you saw a patient.

10. During the [number] hours that you spent [in your last complete week of practice] in hospital emergency rooms and [outpatient clinics]:

How many patient visits did you personally have? Please count as one visit every time you saw a patient.

11. During the [number] hours that you spent seeing patients on house calls, in nursing homes, convalescent homes, and other extended care facilities:

How many patient visits did you personally have? Please count as one visit every time you saw a patient.

12. During the [number] hours that you spent in the operating, labor, or delivery room, how many operations and deliveries did you perform. Do not include assists.

13. How many assists did you perform during [your last complete week of practice].

14. During [your last complete week of practice], how many inpatient visits did you make during the [number] hours spent on hospital rounds?

Please count as one visit every time you saw a patient.

Fees for Selected Visits

All specialties except psychiatry, radiology, anesthesiology, and pathology

15. Does your practice provide at least some medical care on a fee-for-service basis?

(IF "NO," GO TO QUESTION 17)

16. What do you typically charge a privately insured patient for:

a. An office visit with a new patient including an evaluation history, examination, and medical decision-making - CPT 99201-99205?

b. An office visit with an established patient including an examination, evaluation, and medical decision-making – CPT 99211–99215.

c. Subsequent hospital care when you charge a separate fee for hospital visits – CPT 99231–99233.

Hospital Utilization

All specialties except radiology, anesthesiology, and pathology

17. During your most recent complete week of practice, how many patients did you personally discharge from the hospital?

18. Among those patients that you discharged in that week, what was [their average length of stay in days]?

1992 Income, Expenses and Weeks Worked

Self-employed physicians only

19. Do you share some expenses with other physicians?

20. [In 1992, what (were your/was your share of your practice's)[1] total tax-deductible professional expenses for the following items to the nearest $1,000?]:

a. Professional medical liability or malpractice insurance premiums.

b. Office expenses, including rent, mortgage

1. First wording in parentheses is used for physicians in solo practice; second wording is used for physicians in non-solo practice.

interest, depreciation on medical buildings used in your practice, utilities, and telephone.

c. Total nonphysician payroll expenses including fringe benefits.

d. Medical materials and supplies, such as drugs, x-ray films, and disposable medical products. Do not include expenses for office supplies in your answer.

e. Depreciation, leases, and rent on medical equipment used in the diagnosis and treatment of patients. Do not include expenses for office equipment and furniture. Do not include the total purchase price or the replacement value of your medical equipment. Please report only that proportion that was tax-deductible in 1992.

f. Other professional expenses, such as legal services, accounting services, office management services, professional association memberships, journals and continuing education, professional car upkeep and depreciation, and any other professional expenses [not mentioned].

All physicians

21. During 1992, what was your own net income from medical practice to the nearest $1,000 after expenses but before taxes? Please include all income from fees, salaries, retainers, and other forms of compensation.

22. Were any contributions made into pension, profit-sharing, or deferred compensation plans for you during 1992?

(IF "YES," ASK PARTS a. AND b.)

a. How much was contributed for you to the nearest $1,000?

b. Did you include this amount in your [number] net income figure for 1992?

23. During 1992, how many weeks of medical practice did you miss because of

a. illness or vacation?

b. And how many weeks of medical practice did you miss because of military service or professional conferences?

c. Altogether then, you missed [Number] weeks of practice and practiced [Number] weeks?

d. (if physician began practice in 1992). Excluding the [Number] weeks of practice you missed in 1992 due to illness or vacation and the [Number] missed due to military service or professional conferences, for how many weeks did you practice in 1992?

Medicare Revenues

24. What percentage of [your] practice revenue is from Medicare?

Professional Liability

25. Have any malpractice claims been filed against you during your career?

(IF "NO" GO TO QUESTION 29)

26. How many malpractice claims have been filed against you during your career?

27. How many of these [number] claims were filed during the last five years?

(IF 0 GO TO QUESTION 23)

28. How many of these claims were filed against you during the last twelve months?

Alternative Delivery Systems

All Physicians except employees of Health Maintenance Organizations (HMOs)

29. Excluding Individual Practice Arrangements (IPAs), do you have a contract with an HMO?

30. Are you personally or is your practice a member of an IPA?

31. Do you have a contract with a Preferred Provider Organization (PPO)?

If physician has an IPA contract

32. What percentage of your revenues are obtained under IPA plans.

If physician has an HMO contract

33. What percentage of your revenues are obtained from HMO contracts?

If physician has a PPO contract

34. What percentage of your practice revenues are obtained from PPO contracts?

Physician Advertising (1988)

35. Have you personally or has your practice advertised in newspapers or magazines during the last five years?

36. Have you personally or has your practice advertised in newspapers or magazines during 1987?

37. How much did you personally spend on advertising in newspapers or magazines during 1987?

38. How much did your practice personally spend on advertising in newspapers or magazines during 1987?

39. Have you personally or has your practice advertised on TV or radio during the last five years?

40. Have you personally or has your practice advertised on TV or radio during 1987?

41. How much did you personally spend on radio or TV during 1987?

42. How much did your practice personally spend on radio or TV during 1987?

Physician Advertising (1992)

43. How much did your practice spend on advertising in newspapers, magazines, radio and tv during 1991

Profiling

44. Are your activities in your main medical practice subject to clinical profiling by any third parties?

    Probe: Clinical profiling refers to the collection and use of clinical performance-based measures such as patterns of treatment, health care outcomes, and patient satisfaction for the purpose of comparing individual data with those of some comparison group.

45. [Are you] provided with regular feedback on [your] profile?

46. What types of third parties are constructing clinical profiles of [your] practice – private insurers, public insurers, hospitals, pharmaceutical companies or other third parties?

47. Are your activities in your main medical practice subject to economic profiling by any third parties?

    Probe: Economic or financial profiling refers to the collection and use of data on costs, charges, claims, reimbursement per admission or DRG for the purpose of comparing individual data with those of some comparison group.

48. Are you provided with regular feedback on your profile?

49. What types of third parties are constructing economic profiles of [your] practice — private insurers, public insurers, hospitals, pharmaceutical companies or other third parties?

Appendix D
Definitions of Variables

This appendix describes definitions used in reporting information from the AMA Socioeconomic Monitoring System (SMS). Changes in methodology over time relating to trends reported in the detailed tabulations in *Socioeconomic Characteristics of Medical Practice* are also discussed. Data published in editions since 1987 are weighted (see Appendix B). Weighting the data causes the figures to differ from the unweighted information published previously in the 1983-1986 editions.

SMS survey questions referenced in this appendix may be found in Appendix C. Tables referred to are those contained in the detailed tabulations.

Sample Population

The population from which samples are drawn for SMS surveys includes all active nonfederal office-based and hospital-based physicians as defined by the AMA Physician Masterfile.[1] Residents are not included in the surveys.

Specialty

Specialty classifications used in reporting SMS data are shown in Table 1. Specialty is determined from responses to question 1 in SMS surveys.

Census Region and Division

States included in each census region and division are shown in Table 2. The state in which each physician was located is identified from the AMA Physician Masterfile.

Type of Practice

Physicians in solo and non-solo practices are distinguished in SMS surveys on the basis of responses to question 5. In the few cases where the number of physicians is not known, the practices are characterized as non-solo.

Location

The location classification groups physicians into nonmetropolitan areas, metropolitan areas with a population less than 1 million persons, and metropolitan areas with a population of 1 million or more persons. This classification was made on the basis of the demographic county classification contained on the AMA Physician Masterfile. Metropolitan areas include counties within Standard Metropolitan Statistical Areas (SMSAs) and counties outside SMSAs with populations over 50,000.

Employment Status

Employment status is determined from the response to question 4. Physicians who respond that they are full or part owners of their main medical practice are deemed to be self-employed, while the remainder are identified as either employee physicians or independent contractors. Physicians are initially coded as self-employed, employee, or independent contractor. Independent contractors were classified as employees for the purposes of the non-self-employed breakout reported here. The non-self-employed category is equivalent to the employee category reported in editions prior to the 1992 edition. Independent contractors and employee physicians are broken out separately in this edition. The few physicians for whom employment status was not available were classified as employees.

1. Classifications used in the AMA Physician Masterfile are defined in G. Roback, et al., *Physician Characteristics and Distribution in the U.S.*, 1991 edition, American Medical Association, 1991.

Table 1. **SMS Survey Specialty Classifications**

SMS Specialty Classification	AMA Physician Masterfile Specialties
General/Family Practice	
General/Family Practice	General Practice, Family Practice
Medical Specialties	
Internal Medicine	Allergy, Cardiovascular Diseases, Gastroenterology, Internal Medicine, Pulmonary Diseases
Pediatrics	Pediatrics, Pediatric Allergy, Pediatric Cardiology
Surgical Specialties	
Surgery	General Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, Plastic Surgery, Colon and Rectal Surgery, Thoracic Surgery, Urology
Obstetrics/Gynecology	Obstetrics and Gynecology
Other Specialties	
Radiology	Radiology, Diagnostic Radiology, Therapeutic Radiology
Psychiatry	Psychiatry, Child Psychiatry
Anesthesiology	Anesthesiology
Pathology	Forensic Pathology, Pathology
Other	Aerospace Medicine, Neurology, Occupational Medicine, Physical Medicine and Rehabilitation, General Preventive Medicine, Public Health, Dermatology, Emergency Medicine, Other Specialty, Unspecified

Age

The age of each physician SMS surveys was determined from birthdate information on the AMA Physician Masterfile.

Weeks Practiced per Year (Tables 1 and 2)

Weeks practiced in 1992 was calculated with responses to questions 23a, 23b, and 23c. However, if the physician began practice in 1992, weeks practiced was calculated from responses to 23a, 23b, and 23d. By using this series of questions, a more accurate figure on weeks worked was obtained from physicians that began practice in 1992. Weeks practiced questions in 1987, 1988, 1989, 1990 and 1991 were the same as the 1992 questions.

Weeks practiced in 1986 was calculated with responses to questions 23a and 23b on the 1987 SMS core survey and verified with question 23c. Question 23c corrected an upward bias in the computational procedure for physicians in their first year of practice. Weeks practiced in 1985 was calculated with responses to questions 23a and 23b on the 1986 SMS core survey. Prior to the 1986 SMS core survey, the following question was asked:

How many weeks did you practice in 198_? Please do not include vacations, sick time, military service, or other similar absences from practice.

Weeks practiced in 1985 and 1986 was calculated as 52 minus the sum of the number of weeks entered in parts a and b of question 23.

Hours in Professional Activities per Week (Tables 3–4)

Professional activities includes all patient care activities, administrative activities connected with medical practice, and other professional activities that do not involve patient care, such as medical staff functions, teaching, and research. Hours per

Table 2. **Census Region and Division Definitions**

Census Region and Division	States
Northeast	
New England	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Middle Atlantic	New Jersey, New York, Pennsylvania
North Central	
East North Central	Illinois, Indiana, Michigan, Ohio,Wisconsin
West North Central	Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota
South	
South Atlantic	Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia
East South Central	Alabama, Kentucky, Mississippi, Tennessee
West South Central	Arkansas, Louisiana, Oklahoma, Texas
West	
Mountain	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
Pacific	Alaska, California, Hawaii, Oregon, Washington

week in professional activities in 1993 is based on "total hours" as calculated by the sum of the responses to the individual parts of question 8 in the 1993 SMS core survey. Follow-up probes detailing the scope of the individual parts of these questions were used to avoid double counting of hours.

Hours in Patient Care Activities per Week (Tables 5–6)

Patient care activities include direct patient care and activities related to patient care, such as interpreting laboratory tests and x-rays and consulting with other physicians. Hours per week in patient care activities from 1982 to 1993 is based on the sum of the responses to parts a-f of question 8 in the SMS core surveys.

Hours in Direct Patient Care Activities per Week (Tables 7–8)

Direct patient care activities include seeing patients in the office, on hospital rounds, in surgery, and in other settings. Hours per week in direct patient care activities for 1982 to 1993 was determined from the sum of responses to parts a-e of question 8 on the 1982 through 1993 SMS core surveys. Physicians in psychiatry, radiology, anesthesiology, and pathology are not reflected in computations of direct patient care hours in Tables 9, 10, and 11.

Office Hours and Hours on Hospital Rounds per Week (Tables 9–12)

Office hours and hours on hospital rounds per week from 1982 to 1993 are based on responses to questions 8a and 8d respectively in the SMS core surveys. Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked questions 8a and 8d and are, therefore, not reflected in the data reported in Tables 9–12.

Hours in Surgery per Week (Tables 13–14)

Hours in surgery per week in 1993 is based on responses to question 8c in the 1993 SMS core survey. Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked

question 8c and are, therefore, not reflected in the data reported in Tables 13–14. Hours in surgery per week prior to 1993 in Table 14 are based on responses to a similar question on the earlier SMS core surveys.

Total Patient Visits per Week (Tables 15–16)

Total patient visits includes visits in the office, on hospital rounds, in hospital emergency rooms and outpatient clinics, and in all other settings. Total patient visits per week in 1993 is based on the sum of responses to questions 9–14 on the 1993 SMS core survey. Total patient visits per week in 1986–1992 was derived from similar questions on the 1986–1992 SMS core surveys. Total patient visits per week from 1982–1985 is based on responses to the following question:

During [your last complete week of practice], how many...

a. Patients did you personally see in the office, including outpatient surgery performed in the office?

b. Operations, deliveries, and assists did you perform in the hospital?

c. Inpatient visits did you make on hospital rounds? Please count as one visit every time you saw a patient.

d. Patients did you see in the emergency room and in outpatient clinics?

e. Patients did you see on house calls or in nursing homes, convalescent homes, or extended care facilities?

Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked either series of questions and are, therefore, not reflected in the data for 1982 to 1993 in Tables 15–16.

Office Visits and Visits on Hospital Rounds per Week (Tables 17–20)

Office visits and visits on hospital rounds per week in 1993 are based on responses to questions 9 and 14 respectively in the 1993 SMS core survey. Office visits and visits on hospital rounds per week for 1986–1992 were obtained from similar questions on the 1986–1992 SMS core surveys. Office visits and visits on hospital rounds per week in the years 1982 to 1985 were based on responses to the question:

During [your last complete week of practice], how many...

a. Patients did you personally see in the office, including outpatient surgery performed in the office?

b. Inpatient visits did you make on hospital rounds? Please count as one visit every time you saw a patient.

Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked either set of questions and are, therefore, not reflected in the data in Tables 17–20.

Surgical Procedures per Week (Tables 21–22)

Surgical procedures per week in 1993 is based on responses to questions 12 and 13 in the 1993 SMS core survey. The identical questions were used on the 1986–1992 SMS core surveys to obtain surgical procedures per week in 1986, 1987, 1988, 1989 and 1992. Surgical procedures per week in 1982 to 1985 were based on responses to the question: "During [your last complete week of practice], how many operations, deliveries, and assists did you perform in the hospital?" Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked either set of questions and are, therefore, not reflected in the data reported in Table 21–22.

Hospital Utilization (Tables 23–26)

Data on patients discharged from the hospital per week and the length of stay of patients discharged in the years 1982 to 1993 are based on responses to questions 17 and 18 on the respective SMS core surveys. Physicians in radiology, anesthesiology, and pathology were not asked questions 17 and 18 and are, therefore, not reflected in the data in Tables 23–26.

Fees (Tables 27–32)

Fees for office visits with new patients, office visits with established patients, and follow-up hospital visits for 1993 were obtained in the SMS core survey from responses to questions 16a, 16b, and 16c respectively. Prior to the 1993 survey, physicians were asked the following fee questions:

What is your current usual fee for:

a. An office visit with a new patient including an evaluation history, examination, and/or treatment?

b. An office visit with an established patient including an examination, evaluation, and/or treatment for the same or new illness.

c. A follow-up medical visit in the hospital, when you charge a separate fee for hospital visits? This visit includes an examination, evaluation, and/or treatment of a new or established patient with the same illness.

The new fee questions differ from the previous questions in two major ways. First, the physician is now asked for the fee charged to patients with private health insurance. Fees charged to Medicare or Medicaid patients may differ from fees charged to privately insured patients. Fees charged may also differ from amounts reimbursed by third-party payers. Secondly, each question has been modified and includes a reference to a range of four Current Procedural Terminology (CPT) codes. The range of codes reflects differences in the length of time spent with the patient. However, the physician is asked to provide a single fee rather than one for each CPT code. It is not clear how these changes will impact the trends in physician fees. It is hoped that, by asking only for the fee charged to privately insured patients and by tying each fee question to a range of CPT codes, more accurate responses to the fee questions will be obtained. Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked these questions in all years and are not reflected in the data in the fee tables.

Physicians in psychiatry, radiology, anesthesiology, and pathology were not asked question 16 and are, therefore, not reflected in the data in Tables 27–32..

Professional Expenses (Tables 33–46)

Professional expense information reported in Tables 33–46 refers to tax-deductible professional expenses from medical practice. Data on total professional expenses for 1992 are obtained either as the sum of the responses to parts a-e of question 20 in the 1993 SMS core survey or, in the event any of these responses is missing, as the response to the question, "In 1992, what were your total tax-deductible professional expenses from medical practice to the nearest $1,000? Do not include contributions made for you into deferred compensation plans." Data on professional expenses for 1982 to 1992 in Tables 34, 36, 38, 40, 42, 44 and 46 are based on responses to similar questions from the 1983 to 1993 SMS core surveys. It should be noted that the expense questions used to collect information presented in Tables 39 and 40 (question 20b), Tables 42 and 43 (question 20e) and Tables 45 and 46 (question 20d) are modified versions of the expense questions that were asked in previous years. In the 1992 survey and in surveys since 1982, physicians were asked:

1. To the nearest $1,000, what were your:

   b. office expenses for 1991 including rent or mortgage for office space, utilities, and telephone? (Include building depreciation on medical buildings used in your practice.)

   d. 1991 expenses for medical materials and supplies such as drugs, x-rays, and other services?

   e. 1991 expenses for depreciation, leases, and rent on medical equipment? Do not include the total purchase price or replacement value of your medical equipment. Please report only that portion that was tax-deductible in 1991.

Modifications were made to these questions in order to provide more precise measurements of the practice expense components. However, it is not clear how the changes in the questions will affect year-to-year trends for each of the expense components or the total expense figures that are derived from these components.

The 1987 SMS survey also asked a separate question on 1986 physician payroll expenses. This question was not asked on any other surveys. On other surveys, physician payroll expenses are included in the "Other Expenses" category. Data relating to professional expenses from the SMS surveys are based only on self-employed physicians.

Net Income after Expenses before Taxes (Tables 47–54)

Physician net income is defined to include all earnings from medical practice after expenses but before taxes, including contributions made into deferred compensation plans. Net income in 1992

was determined in the 1993 SMS core survey from responses to question 21.

In addition, question 22 was included as a probe to ensure that deferred compensation plan contributions were fully represented in net income. If the physician responded "no" to question 22b, the response given to question 22a was added to the response to question 22 to obtain net income. Similar questions in the 1983 to 1992 SMS core surveys were used to obtain information on net income for 1982 to 1991, respectively.

American Medical Association
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